Supreme Court, U. S.
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APPENDIX

In the Supreme Court of the United States

OCTOBER TERM, 1978

No. 78-223

NATIONAL LABOR RELATIONS BOARD,
Petitioner,

—*v.*—

BAPTIST HOSPITAL, INC.,
Respondent.

ON WRIT OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE SIXTH CIRCUIT

PETITION FOR CERTIORARI FILED AUGUST 8, 1978
CERTIORARI GRANTED JANUARY 8, 1979

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CHRONOLOGICAL LIST OF RELEVANT DOCKET ENTRIES

10.11.74 Original Charge filed in 26-CA-5331

10.15.74 Original Charge filed in 26-CA-5331-2

12.2.74 First Amended Charge, filed in 26-CA-5331-1

12.2.74 First Amended Charge, filed in 26-CA-5331-2

12.4.74 Order Consolidating Cases, Complaint and Notice of Hearing denied

12.12.74 Respondent's Answer dated

4.1.75 Hearing opened

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5.27.75 Respondent's Motion to correct the record dated

6.3.75 General Counsel's Respondent's Motion to Correct Record, dated

8.18.75 Administrative Law Judge's Order Correcting record dated

8.26.75 Administrative Law Judge's Decision issued

9.26.75 Respondent's Exceptions to the Administrative Law Judge's Decision received

10.10.75 General Counsel's Cross-Exceptions to the Administrative Law Judge's Decision received

10.10.75 General Counsel's Response to Exceptions of Respondent dated

3.26.76 Decision and Order of the National Labor Relations Board dated

6.6.76 Application for Enforcement filed

6.17.76 Answer to application received

5.10.78 Opinion and judgment of U.S. Court of Appeals for the Sixth Circuit issued

8.8.78 Petition for Writ of Certiorari filed in U.S. Supreme Court

1.25.79 Order granting certiorari issued

BEFORE THE
NATIONAL LABOR RELATIONS BOARD

Twenty-Sixth Region

Case Nos.
26-CA-5331-1
26-CA-5331-2

In the Matter of:

BAPTIST HOSPITAL, INC., RESPONDENT

—and—

LOCAL 150-T, SERVICE EMPLOYEES

INTERNATIONAL UNION, AFL-CIO, PETITIONER

A702 Federal Building
U.S. Courthouse
Nashville, Tennessee
April 1, 1975

The above-entitled matter came on for hearing, pursuant to Notice, at 9:30 a.m.

BEFORE:

Honorable MORTON D. FRIEDMAN, Administrative Law Judge.

APPEARANCES:

WILLIAM H. BROWN, JR., ESQ.

746 Clifford Davis Federal Building, 167 North Main Street, Memphis, Tennessee, appearing as Counsel for the Petitioner

JOE H. CLARK, ESQ.,

Elarbee and Clark, 750 Coastal States Building, 2600 Peachtree Street, N.W., Atlanta, Georgia 30303, appearing as Counsel for the Respondent.

* * * *

[13] W. T. VICTORY

was called as a witness by and on behalf of the General [14] Counsel and, having been first duly sworn was examined and testified as follows:

JUDGE FRIEDMAN: Give your full name and address to the court reporter.

THE WITNESS: W. T. Victory, Jr., 101 Bailey Collins, Smyrna, Tennessee.

DIRECT EXAMINATION

Q. (By Mr. Brown) Mr. Victory, are you employed?
A. Yes.
Q. Who do you work for?
A. Baptist Hospital, Inc.
Q. How long have you worked for Baptist Hospital?
A. About six and a half years.
Q. What job do you hold with the hospital?
A. Vice-President of personnel services.
Q. How long have you held that job?
A. Approximately three years.
Q. What position did you hold prior to that?
A. I was personnel director.
Q. What's the difference in those two positions?
A. Very little.
Q. What are your responsibilities as vice-president of personnel?
A. I am responsible for all the personnel functions of the Baptist Hospital, wages and policies.

* * * *

[15] Q. Are you familiar with a labor union by the name of Service Employees International Union?
A. Yes, sir.
Q. Are you aware of the fact that they had some organizational activity going on out at the hospital?
A. Yes, sir.

Q. How long has the hospital been aware of that, or how long have you been aware of that?

A. Oh, since sometime, I believe, in August of '74.

Q. 1974?

A. Yes.

Q. Do you know what part of August; can you pin it down any closer than that?

[16] A. Middle part.

Q. How did you first learn about this?

A. The union representatives were handing out handbills.

* * * *

Q. (By Mr. Brown) Were you personally, as personnel head, concerned about the fact there was organizational activity going on?

A. Yes, sir.

Q. I presume you also became aware of the fact that the hospital came under the coverage of National Labor Relations Act in August of 1974?

A. Yes, sir.

Q. What type of no solicitation rule or solicitation rule, if you will, does the hospital presently have?

MR. CLARK: I don't want to interrupt, but we have this in the complaint, and we admitted to it.

JUDGE FRIEDMAN: Yes, I think we can stipulate to that.

[17] MR. BROWN: I would like to have this identified and introduced into evidence for simplicity of questioning the witness, although it's in the complaint.

JUDGE FRIEDMAN: I will permit that.

(The document above-referred to was marked General Counsel's Exhibit Number 11 for identification.)

Q. (By Mr. Brown) I hand you a document marked for identification, General Counsel's Exhibit 11 and ask if you can identify that?

A. (Witness nods head affirmatively.)

Q. What is that?

A. In essence our solicitation-distribution policy at Baptist Hospital.

Q. When did that go into effect?

A. Well, it's dated October 4th, and this is when it was posted and written.

JUDGE FRIEDMAN: That was in '74?

THE WITNESS: Yes.

MR. BROWN: We would move to have that introduced at this time.

MR. CLARK: No objection.

JUDGE FRIEDMAN: Received.

(The document, heretofore marked General Counsel's Exhibit Number 11 was received in evidence.)

[18] Q. (By Mr. Brown) Mr. Victory, with reference to documents introduced as General Counsel's Exhibit 11, did the union activity going on at the hospital have anything to do with the enactment of that rule?

A. Yes.

Q. Would you elaborate a little bit?

A. Well, until we got activity within the hospital, we first of all had never had too much of a problem with solicitation. We just did not permit it at all. There had been occasions when we had asked people to leave the hospital selling various products, not causing too much of a problem other than stopping our employees during the working hours and Avon or something like this would come in and when the union came in there, this began to stop our employees and discussions of union action, pros and cons, some for, some against, this was causing disruption in our work force.

Q. Where was that taking place?

A. Various places in the hospital.

Q. Was it or were you concerned about problems that the union might cause when that rule was enacted?

A. Yes.

Q. Would you elaborate on that a little bit for me?

A. Well, of course, our primary purpose for being is patient care, and we don't want anything to disrupt patient care. We have a name in the community of being one of the [19] best hospitals in the country. We want to maintain this. Our primary purpose is to provide a patient with the best in facilities, the best in care. We

felt like any disruption, regardless of who caused it, it's our responsibility to protect the patient at all times.

Q. Would it be a fair statement then to say that the no solicitation rule was a direct result of the campaign which the union began or was in the process of putting on at the hospital?

A. No, I don't think it would be, because we have a no solicitation policy, and have had for years.

Q. But, the change in the no solicitation rule?

A. Yes.

Q. Would that be a fair statement?

A. Yes.

Q. And it was a direct result of this union organizational campaign?

A. Yes.

Q. That's what prompted you to make this change?

A. Right.

Q. Now, I believe you stated just a second ago that prior to the posting of this rule on October 4, that the company had had a no solicitation rule in effect?

A. Right.

Q. This is the rule set out in the employee handbook; [20] is that correct?

A. That's correct.

MR. BROWN: Can we mark this for identification.

(The document above-referred to was marked General Counsel's Exhibit Number 12 for identification.)

MR. BROWN: Again, this rule is pled in the complaint, but I would like to introduce the booklet for the sake of questioning the witness and other purposes.

JUDGE FRIEDMAN: All right, is this the old rule or the new rule?

THE WITNESS: This is the old rule.

JUDGE FRIEDMAN: Any objection?

MR. CLARK: No objection.

JUDGE FRIEDMAN: Received.

(The document, heretofore marked General Counsel's Exhibit Number 12 was recived in evidence.)

Q. (By Mr. Brown) I hand you Exhibit 12, and can you tell me what that document is?

A. Employee handbook.

Q. When did this go into effect?

A. This one was revised in August of '73.

Q. Is the old no solicitation rule contained in that document?

A. Yes, sir.

[21] Q. What page is that on?

A. Page 17, first paragraph.

Q. Had there been any change, or do you know how long the particular rule that's in that book had been in effect; in other words, when that booklet was printed, was there any change from the one in existence prior to that?

A. I'm not sure, but I don't think there was.

MR. BROWN: I would like to have this marked as General Counsel's Exhibit 13.

(The document above-referred to was marked General Counsel's Exhibit 13 for identification.)

Q. (By Mr. Brown) I will hand you what's been marked for identification as General Counsel's Exhibit 13 and ask you to tell me what that is?

A. That's a handbook at Baptist Hospital.

Q. When did that go into effect?

A. August 1, 1970.

Q. Was that the handbook that was in effect immediately preceding the one you have that is Exhibit 12?

A. Yes, sir.

Q. Is there a no solicitation rule in that handbook?

A. Yes, sir.

* * * *

[22] Q. (By Mr. Brown) Now, with respect to the rule that was in existence prior to October 4, of '74, which I will refer to as the old rule, what type of solicitation did that rule prohibit?

A. Any form.

* * * *

[23] Q. (By Mr. Brown) Does the new handbook have certain rules and regulations pertaining to employee conduct?

A. Yes, sir.

Q. What is the formal procedure when an employee violates one of the rules contained in that handbook; what do you do?

A. He would usually receive a verbal reprimand followed by a written reprimand.

Q. What do you mean, he would receive a verbal reprimand followed by a written reprimand; does he get them both at the same time?

A. No, he would first receive a verbal reprimand. Any reoccurrence would result in a written warning.

* * * *

[25] Q. Under that new rule, which was put into effect on October 4th, where are employees allowed to solicit in the hospital?

A. We have nursing stations, utility rooms, maintenance building, laundry building, several areas.

Q. Is that all of them?

A. Dining areas.

Q. What type of dining areas?

A. We have an employees' dining area in the laundry building, we have an employees' dining area on the fourth floor on the surgery department, we have lounges.

Q. What about the hospital cafeteria?

A. Hospital cafeteria, yeah.

Q. Are they allowed to solicit or distribute literature in the hospital cafeteria?

A. No.

Q. What is the criteria that determines where an employee can solicit and can't solicit?

A. An employee can solicit at this time in any area we just outlined where patients and visitors are not allowed.

[26] Q. What about areas which are considered work areas?

A. Well, a nurses' station is considered a work area, and they would be allowed in a nursing station.

Q. How about distribution of literature; where can that take place?

A. In these areas I have outlined, but not in a work area as such.

Q. Well, now the areas you outlined, I think, were dining areas, lounges, utility rooms and nurses' aide stations. You say an employee can solicit in those areas?

A. Right.

Q. Can he or can he not distribute literature in those areas?

A. If they are not work areas, no.

JUDGE FRIEDMAN: I am sorry?

THE WITNESS: They cannot distribute materials in a work area.

JUDGE FRIEDMAN: These are considered work areas; are they not?

THE WITNESS: To some extent.

JUDGE FRIEDMAN: I mean the nurses' station would be a work area?

THE WITNESS: Right.

JUDGE FRIEDMAN: Thank you.

Q. (By Mr. Brown) What does—I see in the rule the [27] hospital has used the term of solicitation of any kind. What does that include; what are you talking about there when you say solicitation of any kind; what does that prohibit?

A. That would prohibit car salesmen, collection agencies, insurancemen, union organizers, anything that disrupts the work schedule of an employee.

Q. Now, would that include talking to people?

A. If it stopped them from their work, it would.

Q. Would it include distribution of, let's say, union cards?

A. Yes.

Q. So, when you say there is no solicitation in any area open to the public, what you really mean is that you can't talk to anyone about the union or about anything else not related to work, and you can't distribute any literature?

A. Not specifically union literature, but any kind of literature.

Q. That's in any area open to the public?
A. Open to the public and the patients.
Q. All right. Now, what about distribution. That's what I am confused about. In the rule it says that you cannot solicit in areas which are utilized or accessible to the public, and in the last paragraph, no distribution of any kind of circulars or other printed materials shall be permitted in any work area of any kind. I don't understand [28] that. Can you explain that to me; as I understood you a moment ago, you said solicitation would include talking with people about the union and distributing literature, things of that nature that would disrupt or stop that employee from doing something?
A. Maybe I can clarify that a little bit. We would not allow anyone to come up and just indiscriminately leave circulars or any type of material that would necessitate a health hazard or health hazards by leaving materials in the work stations or any part of the hospital, because this is one thing we are high on is the cleanliness of the hospital.
Q. Would you allow him to distribute literature, not leave it lying around, but distribute it?
A. No, sir, to the employees or the general public?
Q. Right?
A. Not if we found them, because when you start distributing, you have got to stop an employee to find out if he wants to read it and accept it or not.
Q. If I understand you correctly, in any area of the hospital where there is work going on or open to the public, anyone is prohibited from distributing or talking to the general public about the union?
A. Not only union but any other subject that could be considered solicitation.
Q. How does the hospital define what a work area is?
[29] A. I think a work area would be defined as any area that a patient might receive any service from.
Q. Does that mean treatment as far as health?
A. And convalescence.
Q. Other things?

A. I don't know what else you would have in a hospital.
Q. Okay. Well, let's take for instance you have a gift shop, don't you?
A. Right.
Q. Is that considered a work area?
A. For the employees who are employed in the gift shop, yes.
Q. What about for people who are coming in and out to get a pack of cigarettes or a magazine?
A. A magazine. No, it would not be a work area.
Q. Well, then it's open to the general public?
A. Right.
Q. Are patients normally found down in the gift shop?
A. They frequent the gift shop, patients do.
Q. Is solicitation or distribution allowed in the gift shop under this rule?
A. I'd say no.
Q. It is not?
A. No.
Q. But, it's not considered a work area other than [30] with respect to the person who might be behind the counter taking the money for the articles?
A. Right.
Q. All right, does the hospital have a—well, strike that.
You have already said the hospital has a cafeteria, right?
A. Right.
Q. Where is that located?
A. Located on the first floor of the main building, the central building.
Q. Could you describe that facility, what's the layout; how large is it?
A. I really don't know the dimensions on the cafeteria.
Q. Do you know how many people it will seat, a hundred, two hundred?
A. I would say a hundred and fifty.

Q. Is that open to the employees?
A. Yes.
Q. Is it open to the general public?
A. Yes.
Q. Is there any restriction on who can use that cafeteria?
A. No.
Q. Is that considered a work area?
[31] A. For the employees of the cafeteria.
Q. Where do they perform their work in there?
A. Serving lines, in the back in the preparation of the food, and we have no waitresses or waiters as such, so they would be from the serving line in the back.
Q. So, you have a serving line, just a conventional type cafeteria set up?
A. Right.
Q. And you have a kitchen behind that?
A. Right.
Q. And that's where the employees are performing the work?
A. Right.
Q. They are not out in the cafeteria performing the work?
A. Right.
Q. Is the cafeteria considered an area where the employees and general public eat and relax?
A. Right.
Q. Is solicitation prohibited there?
A. Yes, sir.
Q. Is distribution prohibited?
A. Yes.
Q. Why is that?
A. Primarily because we have not only employees, we have [32] already said it's open to the public, but we have patients, visitors of patients, patients' families also eating in the cafeteria with the employees, and we have found that any time we do anything that lets a patient or their family see that we have our mind on anything but patient care, this is very disruptive to the patient and sometimes affects the patient's ability to recover.

Q. Okay, and the distribution of union literature or let's say, the solicitation of employees to join the union in the cafeteria, in a portion of the cafeteria where there are no employees working, that would in no way affect the work going on behind the line or in the kitchen?
A. It would not affect the work going on behind the line, no.
Q. So, if I understand you correctly, what you are saying is the reason the hospital does it is you don't want the general public subjected to that type thing in the cafeteria?
A. And the patient.
Q. The patient doesn't receive any treatment in the cafeteria?
A. No.
Q. Normally when employees are in that cafeteria, they are on break or lunch period; is that right?
A. Right.
[33] Q. What about lobbies; does the hospital have any lobbies in it?
A. Yes, sir.
Q. Where are they located?
A. Twenty First Avenue side of the hospital and a very small lobby on the other side.
Q. What are those areas used for?
A. Access to the hospital and exit.
Q. That's where the visitors come in and out then?
A. Right.
Q. They often wait around in there before going up to see a patient?
A. Right.
Q. Are patients normally found in those areas?
A. Patients do go to those areas. If a patient is convalescing to the point he can get around, sometimes he will accompany his visitors back to, say, the lobby.
Q. But, he's not normally found down there, he's normally up in his room; is that correct?
A. Right.
Q. Is that area considered a work area, the lobby?
A. No.

Q. Is solicitation or distribution permitted in those areas?

A. By employees?

[34] Q. By anyone?

A. Solicitation by employees, I would say, no, we have a general no solicitation or distribution policy.

Q. Is that because it's open to the public or because it's a work area?

A. It's open to the public.

Q. Is the same true with the cafeteria because it's open to the public?

A. Right.

Q. And the gift shop?

A. Right.

Q. Are there any public restrooms in the hospital?

A. Yes.

Q. Where are they located?

A. I think you will find both male and female on approximately every floor, not every floor, but in the central building, yes, sir, on every floor except maybe the fourth floor which is the surgery area, but then in—over in the south and east building, they are a little bit more sparse.

Q. Do you have those down on the first floor of the building where the visitors come in and out?

A. Yes.

Q. Do patients normally use those restrooms?

A. No.

Q. So, that's primarily used by the general public?

[35] A. Right.

Q. It is not considered a work area?

A. No.

Q. But, solicitation and distribution again would be improper there because of public use?

A. Right.

Q. How are the entrances to the hospital laid out; how many entrances do you have, primary entrances?

A. Primary entrances?

Q. Yes?

A. Emergency room entrances, Twentieth Avenue entrance, Twenty First Avenue entrance, and those are really the primary entrances to the hospital.

Q. Is there any distinction with respect to those entrances as to who can use them, the public or employees or such?

A. No.

Q. So, the employees or the public can use any of those?

A. Yes.

Q. Do any of those entrances have what I would call a foyer or porch on them?

A. I think all of them do. Twentieth has a cover, the emergency room has a cover, and Twenty First has a cover.

Q. Except for the emergency room, would those foyer

[36] areas be considered work areas?

A. No.

Q. Again, solicitation would be prohibited because of the public use of them?

A. Yes.

Q. How about sidewalks on the hospital property?

A. That's the key, that's the hospital property and used by the public.

Q. Now, solicitation and distribution would be prohibited on those sidewalks?

A. (Witness nods head affirmatively.)

Q. Is there any work that takes place on those sidewalks?

A. No.

Q. Except for bringing into the emergency room?

A. Right.

Q. Do the hospitals have a parking lot?

A. Yes.

Q. Where is that parking lot located?

A. Twentieth Avenue across Twentieth Avenue from the hospital.

Q. Is that utilized by the general public?

A. Yes.

Q. It's also available to the employees; is it not?

A. Right.

Q. Is that considered a work area?

[37] A. No.

Q. Are distribution and solicitation allowed there?
A. No.
Q. Again, for the same reason, the public uses it?
A. Right.
Q. All right. I want to jump back just a second. You mentioned you had some areas that employees would be allowed to solicit in. For example, the dining area in the laundry room; where is that?
A. That's in the new laundry building. There is a dining area off of Patterson Entrance into the laundry building.
Q. Okay, would you take a look in the back of the employee handbook, and I believe there is a diagrem of the hospital there. Is that a correct diagram of the hospital as it exists now?
A. Right.
Q. Would you identify that laundry building; what number does it possess?
A. Number one.
Q. What's that building primarily used for?
A. That is the laundry.
Q. That's where you do the linens for the hospital and the uniforms?
A. Right.
Q. What is that dining room utilized for on the fourth [38] floor?
A. That's the dining area on the surgery floor, and it's a dining area and vending machines and coffee and this type thing, tables and chairs and ashtrays.
Q. You are talking about the one in the laundry building?
A. No, in the central building.
Q. I meant the dining area in the laundry building; what type facility is that?
A. As far as physical arrangement, it's very similar to the cafeteria. It has vending machines and soup machines and things like that.
Q. It doesn't have a cafeteria line?
A. No.
Q. How many employees will that hold over there?
A. I would say fifty.

Q. Is there any hot food served over there other than what might come out of a vending machine?
A. No.
Q. What employees normally use that facility?
A. Laundry facility employees and anyone else that wants to.
Q. Do you know whether the employees from the main building go over there or not; would they have occasion to?
A. To get the uniforms and this type of thing, they would [39] frequent the building.
Q. Do you know whether or not they frequent that dining area?
A. No, I do not.
Q. You mentioned an employee lounge on the fourth floor?
A. Yes, sir.
Q. What number does that have?
A. Number eight.
Q. Who is that open to?
A. Well, it's primarily for surgery, but it's open to anyone.
Q. How big a facility is that?
A. You mean how many employees—
Q. (Interposing.) Yes?
A. Twenty-five or thirty seating capacity.
Q. What type of facilities does it have?
A. Vending machines, tables and chairs.
Q. Again, it doesn't have any hot food other than what comes out of the vending machine?
A. Right.
Q. Utility rooms; where are they located?
A. There is one located at each nursing station, I think, throughout the hospital.
Q. All right, do you know how many of them there are throughout the hospital?
[40] A. I believe about twenty-eight of them.
Q. Okay. What is a utility room used for; what's the purpose of it?
A. Storage of materials and also they have an area that sometimes is used for coffee machines or a coffee pot or this type thing and where they can smoke.

Q. Is that considered a work area?
A. Yes and no. There is some work—they go in and get materials, but they also use this as a break area sometimes.
Q. So, it's both used when they take breaks and also to perform work when they are getting materials out of it?
A. Right.
Q. How about the nurses' aide stations; how many of them are there?
A. Nurses' stations.
Q. Excuse me.
A. About twenty-six of them, I believe.
Q. Where are they located?
A. You have two nurses' stations on each floor in the central building, and you don't have that in the older part, but you have a nurses' station usually on each floor.
Q. What are you talking about when you talk about the older part?
A. In the south building.
[41] Q. Would you identify those on the diagram?
A. Nine and ten.
Q. Are there any other buildings where you keep patients; you have mentioned the central building and the two you have just mentioned; is there any other?
A. Eleven.
Q. What is that?
A. That's the annex and the nurses' room.
Q. Are there nurses' stations in all four of those buildings?
A. Yes.
Q. What takes place in the nurses' stations?
A. That's where all the activity for a certain number of rooms is taken care of by the staff, such as the patient's charts, and this is where the doctors come and this is the hub for all the activity for patient care on that particular floor.
Q. So, there is work going on in that area?
A. Right.

Q. I don't remember whether I asked you or not, but is solicitation allowed in the nurses' station; that is a work area?
A. I don't think we would probably—if it was being carried on by employees, because the public does not come into those areas.
[42] Q. The public has access to it at the front; is the front glass?
A. Right.
Q. And the public does come up and inquire as to what room the patient is in?
A. Right.
Q. So, they do have limited access?
A. Yes, but very limited.
Q. What about the utility rooms?
A. Yes.
Q. Solicitation is allowed there?
A. Yes.
Q. What about distribution of literature?
A. Let me clarify what I think our position is on literature of any type. If it distracts from the overall appearance of the hospital, if it becomes a housekeeping problem, this is the type thing we are against, not just union literature, any type of literature or anything that distracts from the overall appearance of the hospital.
Q. I am asking you about union literature; are you allowed distribution of union material, in, let's say, the utility room?
A. I would allow it if it did not get back to the problem I have just eluded to.
Q. Has the problem come up yet?
[43] A. Yes, sir.
Q. Has this rule been made known to the employees?
A. It's been posted.
Q. It's been posted?
A. Yes.
Q. So, you left it up to them to interpret it?
A. Right.
Q. So you or none of your staff has gotten them together and explained what you meant by work area and so forth?

A. We have not had a meeting per se on just the solicitation.

Q. Are there not any patients on the first floor of any of your buildings?

A. No, sir.

* * * *

[70] JOHNNY R. ROBERTS

was called as a witness by and on behalf of the General Counsel and, having been first duly sworn, was examined and testified as follows:

* * * *

DIRECT EXAMINATION

Q. (By Mr. Brown) Mr. Roberts, are you employed?

[71] A. Yes, sir, by Service Employees International Union, Local 150-T.

Q. In what capacity do you work for this labor organization?

A. I serve as business representative.

Q. How long have you worked for them?

A. Forty-nine months.

Q. Has the local conducted an organizational campaign out at Baptist Hospital?

A. Yes, sir.

Q. Do you know when that began?

A. The first part of August.

Q. Have you ever done any hand billing out at the hospital?

A. Yes, sir.

Q. Has any employee ever assisted you?

A. The only employee has been, that has assisted, has been Mr. French.

* * * *

[72] W. T. VICTORY

resumed the witness stand and testified further as follows:

CROSS EXAMINATION

Q. (By Mr. Clark) Mr. Victory, I believe you testified on direct examination that you became aware of the fact that Mr. French was supporting the union because you had observed him personally passing out literature on the sidewalk; is that correct?

A. That's correct.

Q. I believe you also testified that you also knew that he was active for the union because you had received several reports from sources, including information that Mr. French was passing out literature in the cafeteria; is that correct?

A. That's correct.

Q. Did you discipline Mr. French for either of these [73] two incidents?

A. No, sir.

Q. Can you tell us why he was not disciplined?

A. Well, the distribution in these areas had not become a problem. There was not leaflets laying around, and it had not become a litter problem, for one thing.

Q. All right, I believe you also testified that on October 4, there was posted in the hospital some new language with respect to solicitations and distribution of literature; is that correct?

A. That's correct.

Q. Could you tell us whether or not the posting of this notice in any way changed the practice or the application of the rule as compared to prior to the posting of it?

A. It did not change it. The practice that we have been applying and the policy we had been applying had not changed from even before I went there, and has always been the same.

Q. Can you tell us approximately when you became aware of any change in the law which affected your hospital?

A. Of course, in several months before the law actully went into affect, if you will recall along the lines of the solicitation and distribution, we asked your firm to review all of our personnel policies, thinking the law

would be changed, and we wanted to be in compliance with the law, [74] and this is where our new wording came out. No new policy, no new procedure, but you wrote the solicitation policy after reviewing all of our personnel policies.

Q. All right, what did I advise you with respect to the rule, if anything?

A. I'm not—

Q. (Interposing.) Did I give you any advise on any legal opinion as to whether or not the practice you had been following would meet the requirements of the new law?

A. Yes, you advised me, you advised me that what we had been doing needed to be clarified to the employees, thus resulting in this posting of—even though we had been applying the policy all along, it was your advice that we clarify it and post it for all of our employees to understand the policy.

Q. Since you posted this rule and since the complaint has been issued, have I had any discussions with you concerning the possible settlement of this case involving a change in the rule; have we discussed the possibility of settling this case by changing the rule?

A. Yes.

Q. Did you in management conclude that the rule should be changed or left now as it is?

A. It was the conclusion of management that the rule be left as it is now.

[75] Q. What was this conclusion based upon?

A. It was felt by administration to weaken this rule or change it would not be in the best interest of our patients, due to the fact that here again we have patients, visitors in our hospital, and we certainly didn't want any type of commotion or argument or this type of thing to result from distribution or solicitation of any kind, and it was felt—here again, our primary purpose is that of patient care, and we didn't want anything to disrupt that.

* * * *

Q. (By Mr. Clark) My statement is, you base this conclusion on the fact that number one you and the

officials of the hospital were concerned about patient care?

A. Right.

Q. Was there any additional consideration insofar as [76] any liability or anything?

A. Of course, there is always a liability, of course, and our—to give you a good example, just recently we have gotten—most of us have read in the paper about the changes in liability costs, both hospitals and doctors, and we foresaw this.

Q. What kind of liability are you talking about?

A. Hospital liability insurance, the premiums for liability insurance. Those are increased—well, they have just about tripled.

Q. You are referring to malpractice claims against the hospital?

A. Right.

Q. And the general costs for the hospital was the primary concern in this factor. Have you conferred with any physicians concerning the possibility of changing this rule, and what impact it would have on any claims of medical malpractice?

A. Yes, we have.

Q. What does these physicians tell you?

* * * *

[77] THE WITNESS: The consensus of the doctors we talked with felt that here again the patient—and we have to think of the patient as their relationship between the doctor and the patient, the hospital and their visitors and their families, that anything that was in the hospital that would cause anxiety on the part of the patient would be detrimental as far as the patient's recovering fully, and the people we talked to and the doctors we talked to felt that to allow this type of activity in the hospital could be very detrimental to each patient that might be an area where this might be happening.

Q. (By Mr. Clark) Did or did not these physicians tell you in their professional medical opinion that to change this rule and the way NLRB had asked you to

change it would subject you to exposure to a malpractice claim?

A. Right.

Q. That's what they told you?

A. They certainly did.

* * * *

[81] Q. Has there been any change in the application of the rule since you became employed by the Baptist Hospital?

A. No.

Q. Are you applying the same rule now that you did the day you got there with respect to no solicitation and no distribution?

A. Right.

* * * *

[85] Q. How many years have you worked in a hospital?

A. About six and a half.

Q. And approximately how many employees do you have?

A. Oh, it fluctuates from eighteen to nineteen hundred employees.

Q. How many beds do you have?

A. Six hundred.

Q. What service does that hospital perform?

A. The normal hospital services of a general hospital, emergency room, acute, intensive.

Q. In your experience, Mr. Victory, as an employee of [86] the hospital, have you had an occasion to personally observe patients and their guests being under strain?

A. Yes, I have observed patients and guests being in a hallway and the chapel, and even in the cafeteria and showing emotion.

Q. Have you made any representation to employees at any time concerning the hospital's concern for the patient's state of mind or attitude?

A. We have some areas denoting that in the handbook. For instance, loud noises, loud talking, laughing at the nurses' station or around an area where a patient

might be, or anything that might be disturbing to the patient.

Q. Are your employees required to read this handbook?

A. Yes, sir.

Q. Are they required to sign it, saying they have read it?

A. Yes.

Q. Does compliance with this no solicitation and no distribution rule prevent employees from having union activity in the hospital, or only in certain areas?

A. It only prevents them from having activity in work areas.

Q. Insofar as the solicitation, I'm talking about where one employee solicits another employee to join the union, in what area is this permitted, and what areas is it not [87] permitted?

A. You want the specific areas?

Q. Yes. I'm an employee, let's say, in the hospital, and I'm active for the union. I want you to tell me what rights I have to go to other employees and try to convince them to join this union, what areas of the hospital can I do it in, and what areas can I not do it?

A. Nurses' station and lounges.

Q. Are these where I can or cannot?

A. Where you can. Some of the different buildings, maintenance building, laundry building, dining areas.

Q. And how many different nurses' stations do you have?

A. I believe we have twenty-six.

Q. About what size are these?

A. Approximately forty by twenty, something like that.

Q. Each one of these is about forty by twenty?

A. Uh-huh.

Q. Can you tell us whether or not they are glass-enclosed areas?

A. Yes, they are.

Q. Approximately how many utility rooms do you have?

A. Approximately the same amount, twenty-six or twenty-eight.

Q. Would employees be permitted to campaign and solicit [88] for the union in this area if they are not working?

A. Right, they would.

Q. Identify those areas in the hospital where employees take breaks, which are off-limits to patients and guests of patients where union activity could be performed?

A. The lounge areas, the nursing stations, and utility rooms.

Q. Are breaks taken there?

A. Yes.

Q. What facilities do you have in the employees' dining areas for people to take breaks?

A. You mean what's the physical layout?

Q. Yes?

A. Tables, chairs, ashtrays, vending machines.

Q. Can they get food there?

A. Yes.

Q. Can they get drinks there?

A. Yes.

Q. Do they actually do this?

A. Yes.

Q. These areas are off-limits to the public?

A. Right.

Q. You have made no effort at all to curb union activity in those areas?

A. No.

[89] Q. Do you know whether or not employees openly have solicited for the union in these areas that are not accessible to the public?

A. Yes.

Q. They have campaigned for the union in those areas?

A. Yes.

Q. Have you done anything to prevent that?

A. No.

Q. Let's talk just a minute about your main cafeteria. Your main cafeteria, from your testimony so far, is an area where you do have the public?

A. Right.

Q. What would occasion a patient to be down there in a public cafeteria?

A. Well, many times the patient may come in early for tests to be admitted, or they will go down as most hospitals have a rule children under a certain age are not admitted in the rooms with the patients, and the patients sometimes come down to the lobbies or cafeteria to see and meet their children, this type of thing.

Q. Have you made any study, at my request, to determine the percentage of nonemployees that use this main cafeteria?

A. Yes, I have.

Q. Would you reveal the facts on that study?

A. On a week day, about thirty-two percent of the people [90] eating in the cafeteria were visitors.

Q. You mean nonemployees?

A. Yes, nonemployees. On the weekend, approximately fifty-three percent of the people eating in the cafeteria were not employees.

* * * *

[92] Q. Now, you testified, Mr. Victory, that there are certain areas of the hospital that you won't let employees discuss the pros and cons of a union. Have you had that same policy in effect for management in their discussion concerning the pros and cons of the union?

A. Right.

Q. Would you elaborate on what I'm talking about?

A. We would not hold a meeting to discuss our side of the story with employees in an area we do not allow the employees—in other words, we wouldn't go into a patient's room or, you know, we wouldn't subject patients and visitors [93] to this type thing, just as we have said they can't do it either.

We certainly haven't violated a policy by going and holding meetings for the company, so to speak, in these same areas.

Q. In other words, you have not had a double standard, you have applied the same standards to you as you do to the employee?

A. Right, because it doesn't make any difference to the patient who's discussing it.

* * * *

[94] Q. Have you personally escorted people out of the hospital because they were violating your no solicitation policy?

A. Have I personally?

Q. Yes?

A. Yes, I have.

Q. All right, have you known other people in management to do the same?

A. Yes.

* * * *

[106] Q. You testified on direct examination that you did not have any meetings with employees to explain this rule that you posted. Can you tell us why you didn't have any such meetings?

[107] A. It goes right back to the point that we basically had not changed our policy in our application of it.

Q. I believe you also made some comment on direct examination, and I want to clarify the record, if my notes are in error, but you made some comment that there are no patients on the first floor. Can you clear that point up?

A. Yes. When I thought of first floor, I forgot about the emergency room, which is on the first floor and also a short stay unit where the people come in and recuperate, and since you have brought the question up, all admitted people, patients, coming in the hospital come in on the first floor.

Some of them may come in under their own power, and some in wheel chairs and some on stretchers, but to be admitted—labor, or delivery, or whatever the case may be—they would come through the admitting office, which is on the first floor, so to clarify it, from that standpoint, there are patients on the first floor.

JUDGE FRIEDMAN: You mean they would come in through the main entrance to the admitting office?

THE WITNESS: Right.

JUDGE FRIEDMAN: Which is located near the front?

THE WITNESS: Right.

* * * *

[108] REDIRECT EXAMINATION

Q. (By Mr. Brown) Mr. Victory, you testified on cross examination that the hospital has never changed its policy with respect to no solicitation; is that correct?

A. We have never changed the application.

Q. Why was it necessary if you never changed the application of it to write up a new rule; was it to make it [109] clear to the employees what the policy was?

A. Yes, and to answer your question directly, we felt like they needed to know what the application was.

Q. Had you ever told them about it before; had you ever explained what the old rule meant?

A. You mean did we have a group meeting and explain it?

Q. Yes?

A. No.

Q. Why?

A. Because most of the employees knew from past practice what the rule was. They had seen me, not only myself, but other supervisors directing people out of the hospital who were soliciting and selling.

Q. What type of solicitation?

A. Many kinds, insurance salesmen or maybe a religious organization would come in, and this type thing.

Q. Have you ever directed an employee out of the hospital for soliciting under the old rule?

A. No.

Q. You never have?

A. No.

Q. So, there wouldn't be any way they could know what the old solicitation rule meant with respect to an employee if you have never directed an employee out of

the hospital for solicitation; there is no way an employee could see [110] what was in effect?

A. Yes, sir.

Q. This was primarily designed to keep salesmen out of the hospital; that's what it was designed for; isn't that correct?

A. Right.

Q. Now, the new rule was not primarily aimed at that, was it?

The new rule addresses itself to employees; is that correct?

A. Right.

Q. Isn't it a fact that one of the primary considerations of the hospital in putting in this new rule is the fact that a union campaign was going on; isn't that correct?

A. I don't think so.

Q. You didn't tell me that on direct examination?

A. I think the thing that really—that the policy stemmed from was the fact that the hospital care of the patient and now, up until this time, you say you ask me whether I have ever had an employee directed out, no, but until this law changed, and I'm talking about the National Labor Relations Act, until the hospital went under it, we never had any reason to.

Q. You knew you were coming under the coverage of the Act, and you knew you were going to be organized, and you [111] thought a problem might arise, and that's why you wanted the rule in effect?

A. We wanted to be in compliance with the law.

Q. You knew a union campaign was going on?

A. We knew they had been handbilling, yes.

Q. You knew the union was in the hospital and was going to be involved in the hospital?

A. Right.

Q. You further knew that you needed some type of rules to control that union; is that correct?

A. Not to control it, I don't think.

Q. How were you terming it then?

A. Not so much to control the union as to protect our patients from whatever the results might be of the change of the law.

Q. But without regard to who it was protecting, it was in response to the activity of the union?

A. Activity of the employees.

Q. Union activity of the employees?

A. That and any other activity.

Q. But union activity was one of the things you were concerned with; is that correct?

A. Certainly.

Q. All right. Now, you gave some testimony on cross about the reason you didn't want people soliciting in working [112] areas, right?

A. Yes.

Q. Now, what does solicitation in a nonworking area have to do with patient care?

A. Solicitation in a nonworking area?

Q. Yes, solicitation or distribution?

A. What does it have to do—

Q. (Interposing.) With patient care in a nonworking area?

MR. CLARK: I object to this.

MR. BROWN: He's the one that went into it on cross examination, and I think I have a right to explore it fully on redirect.

MR. CLARK: I think the question is argumentative.

JUDGE FRIEDMAN: Overruled.

THE WITNESS: Would you ask it again, please?

Q. (By Mr. Brown) What does solicitation or the prohibition of solicitation or distribution have to do with patient care in a nonworking area, and I believe you told me earlier on direct examination that working areas were areas where patients were receiving care; is that correct?

A. Right.

Q. What does solicitation or distribution have to do with patients in a nonworking area?

A. I don't think it would have too much affect.

[113] Q. You don't think it would have too much affect on the patients in that area?

A. In a nonworking area.

* * * *

Q. (By Mr. Brown) Under the new rule, tell me again what the term solicitation means; what does that prohibit; what are you prohibiting when you prohibit solicitation?

A. You want a definition of solicitation?

Q. The hospital's definition. I want to know what you mean when you say you can't solicit?

A. It means you can't come in and solicit, I guess.

Q. Does that mean you can't come in and talk to people?

A. No, I don't think it means you can't come in and talk [114] to people, but you can't disrupt people from their work schedule. You can't prevent people from working when they are suppose to be working.

Q. The rule covers that when you can and can't talk with them?

MR. CLARK: I want a standing objection to this entire line of questioning.

JUDGE FRIEDMAN: I think we are getting into the area that counsel has objected to.

MR. BROWN: I don't think so. The rule says that you cannot solicit, and I want to know what they mean. Does that mean you can't come in and talk with the people about the union or can't come in and give them a union card?

MR. CLARK: It's for the Judge to determine what the rule in this means.

MR. BROWN: That is not so. The hospital applies the rule, the Board doesn't apply the rule. I have got to find out how the hospital is applying this rule.

JUDGE FRIEDMAN: Then, what you want is how is the rule being applied, not what does it mean.

MR. BROWN: How does the hospital apply it yes, but indirectly what does it mean as to how it's applied.

JUDGE FRIEDMAN: I think counsel is right. You are driving to the matter, but not using the right words.

Q. (By Mr. Brown) With respect to the no solicitation [115] portion of the rule, how is that applied?

A. Would you repeat that?

Q. All right. The rule says there are no solicitation of any kind during a work or nonwork time in an area accessible to or utilized by the public. How is that enforced to people who come under the rule; what does it prohibit?

MR. CLARK: Now again, he's asking for what the rule means.

MR. BROWN: I said, how was it enforced.

JUDGE FRIEDMAN: I think that—let's put it this way. Has it ever been enforced?

THE WITNESS: Has the new rule ever been enforced?

JUDGE FRIEDMAN: That's right?

THE WITNESS: Yes, sir.

JUDGE FRIEDMAN: Well, how has it been enforced, under what circumstances has it been enforced?

THE WITNESS: I think it would have been enforced with any employee whether he came in selling Avon products or came in collecting from our employees their insurance premium, or if he came in collecting or selling insurance. We would not allow an insurance salesman to come in and take an employee away from his job, and say, I want to sell you an insurance policy.

JUDGE FRIEDMAN: Would this be an employee or nonemployee?

[116] THE WITNESS: This would be a nonemployee.

JUDGE FRIEDMAN: What about an employee?

THE WITNESS: If an employee came in soliciting and telling—to answer your question, I think I see what you are getting at. An employee coming in and selling would not be,—say Avon products—we treat him—we say, you can't sell. You can't throw the employee out, but you say you can't sell. Coming in and talking to another employee, it's hard to determine whether they are soliciting or in conversation, but an employee would be permitted to solicit for the union in a nonwork area.

Q. (By Mr. Brown) What about an area open to the public like the parking lot?

A. He would be permitted to distribute or solicit in the parking lot as long as it didn't become a nuisance with litter, with the leaflets laying around to the point we had to pay people to come in and clean up, or if it became a health nuisance or whatever.

Q. That's not what the rule says, is it?

A. The rule says you can't solicit in any area.

MR. CLARK: I object to this. This is badgering the witness about what the rule says. The rule is in evidence, and it's for the Court to determine that.

MR. BROWN: I'm trying to get to the facts in the case.

[117] MR. CLARK: He ask what the rule says.

JUDGE FRIEDMAN: I will let him finish his question.

MR. BROWN: He said you can solicit out in the parking lot if it didn't interfere, and I said that's not the rule, is it.

MR. CLARK: That was not the answer with respect to literature.

JUDGE FRIEDMAN: He said he would allow it.

MR. BROWN: He said as long as it didn't create a litter problem.

JUDGE FRIEDMAN: That's right.

MR. BROWN: But, that's not what the rule says, is it?

MR. CLARK: I object again.

JUDGE FRIEDMAN: I think the rule speaks for itself. I will sustain that.

Q. (By Mr. Brown) Does the hospital intend to enforce the rule as it is written?

A. The hospital tries to enforce all rules that we publish.

Q. Do you intend to enforce this rule as it is written?

A. Yes, until we have been told otherwise.

Q. And that's the way you are doing it right now, enforcing it as it is written?

A. Yes.

Q. You gave some testimony on cross examination about [118] the fact that you wouldn't—that this rule applied to management as well as employees, right; that this rule applied to management personnel as well as employees insofar as the union is concerned; is that right?

A. I don't recall that.

Q. Didn't you give some testimony to the affect that under this rule, the supervisory personnel of the hospital would not, say, go into a room and call employees together and talk to them about the union; didn't you say that?

A. Yes, okay.

Q. Well, you don't normally hold any type of meetings in a patient's room unless it pertains to the patient, do you?

A. No, this was an example.

Q. On cross examination you gave some testimony about where patients are on the first floor. Would you repeat those areas for me where you have patients on the first floor?

A. The emergency room—

Q. (Interposing.) What building is that in?

A. That is in the Ford Annex. I don't remember the number, eleven or twelve, I believe, and it's a one story or it's on the first floor.

Q. Are patients all over that first floor, or are they confined to one particular area?

[119] A. They are confined to the emergency room in the Ford Annex.

Q. Would that cover the whole first floor of the Ford Annex?

A. Yes.

Q. Any other place on the first floor of the other buildings?

A. Well, short stay unit, which is opened from time to time and closed from time to time that there might be five or six patients, and they would be on the first floor right out of the emergency room in the south building.

Q. All right, now what are the other two buildings, primary patient buildings?

A. East Building and Central Building.
Q. No patients are on the first floor of either of those two buildings?
A. Not on a regular basis.
Q. Other than coming in and getting admitted to the hospital?
A. Coming in and leaving.
Q. Is there one location where all patients are admitted?
A. Yes.
Q. Where is that?
A. The admitting office, except in the emergency room.
[120] Q. Where is the admitting office?
A. Right off of the Twentieth Avenue entrance.
Q. In what building?
A. In the East Building—wait a minute, let me get my bearings here. It's the East Building.
Q. So, there are no admissions in the Central Building, right?
A. I believe that's correct.

* * * *

[144] Q. With respect to the cafeteria, you said that you had [145] some type of study done on the use of the cafeteria?
A. Right.
Q. Who did the study?
A. We just had it without giving any information to the manager of the cafeteria. He had the cafeteria log on patients—I beg your pardon, visitors and nonemployees and employees eating coming through the line.
Q. How would he know that?
A. All employees have an identification pin. If that person does not have an identification pin, they are charged twenty-five percent more, so if they do not have it on, they produce it. So, we know every person coming through whether they are an employee or nonemployee.
Q. The employee could get in without his pin?
A. Yeah, if he wanted to pay the price, but not many people wanted to.

Q. You could just sit down and talk. You don't have to buy something to come in?
A. Right.
Q. How many days was this study run?
A. A couple of days.
Q. Do you know how many exactly?
A. No, I really don't.
Q. I believe the figures you gave were thirty-two percent nonemployees during the week?
[146] A. Right, week days.
Q. And you don't know how many days that would range over, do you?
A. Before I answered that, I would have to ask Mr. Somerby how many days he ran the survey.
Q. Of your own knowledge, you don't know how long he ran the survey?
A. No, sir.
Q. It could have been one day, as far as you know?
A. Right.
Q. What was the figure for the weekend?
A. I believe it was fifty-three percent.
Q. Nonemployees?
A. Nonemployees eating in the cafeteria.
Q. Do you know how many weekends that was run?
A. No, sir.
Q. Did it go on a twenty-four hour basis, or was it just while the cafeteria was serving meals?
A. It would have to be within the time that the cafeteria was serving meals, because see, we close at certain hours. We open at 6:30 and close at 8:30 or 8:00, I'm not sure.
Q. What does it run at lunch?
A. 11:00 to 2:00.
Q. And then supper?
[147] A. I don't know for sure—5:30 to 7:30.
Q. A couple of hours?
A. Yeah.
Q. So, the study would have been done during the times it was open for meals?
A. That's right.

Q. And would not include other times of the day?
A. Probably no other time except serving time when they have a cashier there.
Q. Of course, it would not include people who were coming in and using the vending machines, would it?
A. No.
Q. Just people who—
A. (Interposing.) Purchased something that had to go through the cash register.
Q. And didn't include the people who brought their sack lunch and sat down and ate at the table?
A. No, it wouldn't have included those.
Q. Just people who paid through the cash register?
A. Right.

* * * *

[148] RUSSELL T. BIRMINGHAM

was called as a witness by and on behalf of the Respondent, and, having been first duly sworn, was examined and testified as follows:

* * * *

[149] DIRECT EXAMINATION

Q. (By Mr. Clark) Sir, what is your occupation?
A. I am a physician and specialize in obstetrics and gynecology.
Q. Would you give us your educational background?
A. I graduated from Union with a Bachelor of Science and graduated from Vanderbilt Medical School in 1946 with an M.D. degree, and then I did my specialty training after that, internship and three years of residency training, some of which was interspersed out with the service and armed forces as a physician, and I taught at the University of Arkansas in obstetrics and gynecology.
Q. I'm sorry, didn't understand.
A. I taught at the University of Arkansas in 1951 to 1952 and came to Nashville and went in practice following that, and I believe that's all correct.

Q. And your professional experience, it would cover how many years as a practitioner?
A. Approximately twenty-five years as a private physician.
Q. Are you a member of any professional association?
A. Yes, sir, I am a member of the Davidson County—
[150] well, Nashville-Davidson County Medical Society and Nashville OBY-GYN Society and Tennessee and American Medical Associations.
Q. Have you held any office in any professional association?
A. Yes, I have been secretary-treasurer and later president of the Nashville Obstetrical and Gynecological Society and secretary-treasurer of the Davidson County Medical Society.
Q. Dr. Birmingham, the Baptist Hospital here in Nashville, Tennessee has a rule which prohibits any form of solicitation in areas of the hospital where the solicitor would come in contact with a patient or guest of a patient. I would like to show you what that rule is. If you would please, Doctor, take your time and read this rule and let the record show I am pointing to paragraph eight of the complaint.
A. Yes, sir, I have read it.
Q. Doctor, in your professional opinion, is there any legitimate medical reason for having such a rule?

* * * *

[151] THE WITNESS: Yes, sir, I think for a medical reason that such a rule is necessary.
Q. (By Mr. Clark) In your experience as a practioner for a number of years, Doctor, in your opinion is the attitude of the patient or the attitude of the patient's family, does it have any bearing on the recovery of the patient?
A. I think the attitude of the patient and the attitude of the family both have a great deal to do with the recovery.
Q. Can you elaborate on that any more?

A. In the patient where there is any emotional problem that arises within the family, when the patient is in the hospital, we certainly try and shield the patient as much as we possibly can from any bad news of any kind, a car wreck where other members of the family have been injured, and things like this. In the hospital it's where we have multiple patients in the same room, if there are conflicting situations for these people, you try to work this out as harmoniously as you can, and when you have to go to a waiting room area where you are going to meet a family where you have operated on a patient where the patient is in surgery, certainly, if you have bad news for these people, you try to take these people to a family [152] area where you can talk with these people in privacy with respect to their needs for privacy, realizing too the effect that the news is going to have on other people waiting there too.

Q. If Baptist Hospital should change its existing rule as is suggested by counsel for the General Counsel in such a way to permit solicitation by employees in the presence of patients for purposes of union activity, in your professional opinion, would this result adversely insofar as the medical care of the patients there?

MR. BROWN: May I have a continuing objection on this line?

JUDGE FRIEDMAN: Yes, you may have a continuing objection.

You may answer, sir.

THE WITNESS: I think if the discussion becomes volatile or hostile in any form, I think this very definitely would have the potential for adversely affecting the patients and the patient's families.

Q. (By Mr. Clark) Have you practiced medicine at Baptist Hospital?

A. Yes, I have.

Q. For about how long have you done that?

A. About twenty-five years now.

Q. Are the patients at Baptist Hospital confined to [153] their rooms, or are they mobile?

A. Of course, you are going to have all sorts of graduation of illnesses of patients. Some of the orthopedic

patients in traction, obviously, they can't move around, but you have the patients who are coming in for preliminary tests. They are up and around the hospital, and you have patients as they recover, and they are up and about the hospital in various areas throughout the hospital.

Q. Do you know of situations where a patient would be checked in the hospital for, let's say, a very serious operation, but would be undergoing preliminary tests, and during those tests, this patient would be able and permitted to move about until the operation comes about?

A. Yes, sir.

Q. That actually happens?

A. Yes, it certainly does.

Q. In your experience as a doctor, have you had occasion to rearrange patients because of the fact one patient is upsetting a patient for some reason?

A. This happens not infrequently. This may vary from somebody playing their television set too loudly to smoking or visitors or what have you. Yes, this very definitely happens.

Q. Why do you make this change; what is the reason that motivates you to move the patient under those circum- [154] stances?

A. Well, they actually threaten each other with physical violence at times. It will get that hot with them. Again, this comes back to your trying to keep the patient —you are more considerate about their emotional well-being.

Q. I want to ask you one hypothetical question, and then I will have no other questions at this time.

Let's assume that the existing rule that you have just read at Baptist Hospital here in Nashville has changed. Let's assume that the new rule that's put into effect would permit solicitation for various causes, controversial subjects, policies, religion or unions or whatever it might be, and the hospital puts in effect this rule which does permit this kind of solicitation in the presence of patients and in the presence of visitors of patients.

Let's further assume that a patient has checked into the hospital to undergo a serious operation and has been

permitted by you or some other doctor to move about in the hospital in the various areas within the hospital, lobby or cafeteria or halls or elevators or the various areas in the hospital which patients now go prior to this serious operation.

Let's further assume that this patient is seated in the cafeteria with members of their immediate family at [155] a table, and that a nurse comes in with a number of union handbills handing them out to various employees or other nurses in the cafeteria, and a heated discussion erupts between two nurses, one promoting the union and the other pointing out the disadvantages of having a union, and let's further assume in the course of this discussion there is a talk of strike at the Baptist Hospital if the union demands on the hospital are not met when the union presents its status as a majority representative of the employees, and assuming those facts, in your professional opinion and judgment, could this have any bearing on the success or failure of the operation?

MR. BROWN: Before he answers, again, I would like to object to this question. This hypothetical has no basis. It's not posed on any facts in evidence at this time. There is no evidence that any of these things would happen should the hospital change their rules. I don't think it's a proper hypothetical question, and I object to him giving an opinion on it.

MR. CLARK: Before you rule on this question, I would like to make one comment.

We have in evidence the fact that there is a rule in effect now at the Baptist Hospital, there has been a statement, at least by counsel, and testimony by Mr. Victory to the effect there has been discussion of a possible [156] settlement of this case which would involve the changing of this rule in accordance with what General Counsel has requested which would permit solicitation in the presence of the patients and the visitors, and there is testimony that the hospital has considered very seriously the question of changing the rule and conferred with various doctors concerning their opinion as

to whether or not this would have an impact on patient care.

There is testimony that the insurance rates with respect to malpractice have increased tremendously.

JUDGE FRIEDMAN: I will take notice that this has happened all over the country.

MR. CLARK: There is testimony that this gentleman French who has brought these charges against the Respondent did in fact come into the cafeteria with handbills soliciting other employees to join the union.

There is testimony that a number of rank and file employees complained they were being harassed and interfered with in the performance of their work. All of this evidence, Your Honor, is in the record right now, and up until this point is not in dispute, and I think with this foundation, certainly we can ask this expert and get testimony as to what would be the impact on patient care. That's why we are here.

JUDGE FRIEDMAN: Overruled. You may answer, sir, [157] if you remember the question at this point.

THE WITNESS: Well, as I remember the question, it is if you are going to have a situation where it boils down and their discussions are getting pretty heated and all, is this going to affect the families and patients who would be present at this time.

* * * *

[159] Q. (By Mr. Clark) After getting the hypothetical facts, Doctor, I asked the question, could this heated discussion have any bearing in your professional opinion, your judgment, upon the success or failure of the operation?

A. I certainly think it would. I think that the tranquility, by the very nature of what you are trying to provide for them, this is what you would want, and anything that would mostly upset them or a heated thing, I think it would be—it certainly would have no benefit.

* * * *

Q. (By Mr. Brown) You have no experience in the field of labor relations, do you?

A. (Witness shakes head negatively.)

Q. Did you play any part in the drawing of this rule [160] you just read?

A. No, sir.

Q. Did you advise the hospital on it before they drew it?

A. No.

Q. With what degree of medical certainty can you say that the action in the hypothetical would have on a patient; can you tell us what affect it would have?

A. You want me to quote you percentages?

Q. Can you tell us what affect it would have?

A. No, sir, we are talking about some of the intangibles that are involved in patient care.

Q. It might not have any affect?

A. I doubt that, but it's possible, that's right.

Q. All right. Do you personally know of any patient who has ever been injured by any type of union solicitation or discussion?

A. Well, now you said any type of solicitation.

Q. Any type of union solicitation?

A. When you said hurt, do you mean a noise or beyond that or what?

Through the hospital for example there have been times when members of a religious group have come through the hospital going from room to room and some people have been very upset by these things. People who are physically [161] ill are more emotionally upset by any of these things, but no, I can't say that about union activities. I have never seen this occur in the hospital.

Q. You have never known of anybody adversely affected by union solicitation?

A. I have never seen it occur.

Q. Would it change your opinion any if we changed up the hypothetical a little. Instead of the situation occurring, let's say in a work area of the hospital where the patient is receiving treatment, do you know if it

would have any affect on a patient if someone who standing out in the parking lot soliciting [sic]?

A. If the patient was not aware of it, I don't know that it would bother the patient in the least.

Q. What about in any other area where patients don't normally go?

A. Again, I would have to come back and say if the patient's family is not aware of these things where the employees are not carrying it back in contact with the patients, no, sir, I certainly would not.

Q. And you don't know whether union solicitation might become violent or volatile, do you?

A. No, sir, I do not.

Q. That's purely speculative?

A. Are you asking about in regard to Baptist, or what [162] I have read?

Q. You don't know whether any solicitation might become volatile or violent?

A. No, sir.

Q. It is just speculation?

A. If I'm going to speculate, I will have to say I have read of instances where they have been aware of violence in picket lines and things of this sort.

Q. But, you don't know of it to ever occur at Baptist?

A. No, sir, I don't know.

Q. What if the solicitation does not become volatile; would that injure a patient?

A. No, sir, I don't think it would.

If two nurses are bickering, if this is overheard, yes, sir, I think this sort of thing would be distressing to somebody.

Q. But, if it's a normal conversation between one employee who asked one employee to sign a union card, that wouldn't have any affect?

A. No, sir.

Q. Or a friendly conversation about unions would not have an adverse affect?

A. I don't think anybody would be aware of the conversation.

Q. Do you know of any bickering that has gone on down [163] in Baptist over the years—well, let me qualify

that. Have you seen any conduct down there that would upset patients concerning the union?

A. No, sir, I have not seen any.

* * * *

CLYDE RUSSELL FRENCH

was called as a witness by and on behalf of the General Counsel, and, having been first duly sworn, was examined and testified as follows:

* * * *

[164] DIRECT EXAMINATION

Q. (By Mr. Brown) Have you ever been employed by the Baptist Hospital here in Nashville?

A. Yes, sir.

Q. In what capacity?

A. Nursing assistant.

* * * *

[171] Q. While you were working at the hospital, did you ever become aware of any attempt to unionize the employees?

A. Yes, I did.

Q. How did you learn of that?

A. It was in August of 1974, I was in the cafeteria and having supper with Mr. Lightford when another employee joined us, and he told us then there was a union organizing campaign going on.

Q. Did you make any comments?

A. Yes, I said I thought a union would be a good thing.

Q. Where was Mr. Lightford seated?

A. He was at the table.

Q. Was he close enough to hear what you said?

A. Yes.

Q. After you learned that the attempt was being made to organize the employees, did you have direct contact with the union?

A. Yes, I did. The next thing I did was obtain an information card, and this card has a place to express [sic]

[172] in the union, and I checked the place which indicated I would be willing to do committee work, and I mailed this in, and the union sent me back an authorization card and I filled that out and signed it and returned that by mail.

Q. What happened after that?

A. The next contact was on September 3rd, that morning, I called the union hall and told them there was a lot of prounion sentiment at the hospital, and I would be willing to help them, and I wanted to meet with them to find out what I could do.

Q. Did you meet with them?

A. Yes, sir, I met them that afternoon at the Krystal Restaurant.

Q. Who did you meet with?

A. Johnny Roberts and Clyde Brzezinski.

Q. What took place?

A. They answered all the questions and they gave me some authorization cards and some other union material.

Q. What did you do with those cards?

A. In the next few weeks, I distributed them at the hospital during my break periods.

Q. How many cards did you hand out?

A. I would guess about two hundred cards.

Q. Where did you normally distribute these cards?

A. Down in the cafeteria.

[173] Q. Any place else?

A. The snack bar and locker rooms.

Q. How about outside the building, did you ever do any distribution outside the building?

A. Yes.

Q. When did you normally do this card distribution?

A. Either on my break periods or after work or before work.

Q. Did you ever have a conversation with any of the supervisors about the union?

A. Yes, I have.

Q. Would you tell us about that, when was that, and who with?

A. September 15th, I was in the treatment room of eight central south when Mr. Lightford came in and he told me then that Mrs. Mathis had told Miss Addie Hamilton that I was the leading union instigator at the hospital.

Q. Did you have any comment?

A. I told them I figured they knew about it, and I wasn't worried because I figured the law would protect me.

* * * *

[180] Q. Did you have any conversations with any employees that day about the union?

A. Yes, I did.

Q. Would you tell us where that took place and when?

A. On my break about 9:00 o'clock that night I talked to two dietary employees in the cafeteria.

Q. How did you happen to talk with these employees?

A. I just went in and got coffee and they were seated at a table, and I assumed they were on their break, so I sat down with them.

Q. What did you talk about when you sat down with them?

A. I asked if they had signed the authorization cards I had given them previously. The conversation was very brief, and I got up and left, and I moved to another table.

Q. Did you do anything to detain them?

A. No, I didn't.

Q. Did you know whether or not they were working when you sat down?

A. They were sitting down, and I assumed they were on break.

Q. Where were they in the cafeteria?

A. One of the tables in the cafeteria.

* * * *

[190] Q. Were you in the hospital on or about January 30th of 1975?

A. Yes, I was.

Q. What was your purpose in going down there?

A. I went down there to get my pay check for the previous week, and I stopped out to see some friends in the cafeteria.

Q. What time did you get there?

A. A little after 6:00 o'clock in the evening.

Q. What happened when you went to the cafeteria?

A. I didn't see anybody, so I sat down and in a few moments I saw Miss Edens who is the charge nurse, and I started over to sit down and talk with her, and while I was walking over Mr. Joe Hampton called me, and I turned back to talk with him, and he told me then, "French, you know what I told you the last time you were here," and I told him yes, I did, and he asked me to leave, and I asked him, isn't this open to the public, and he said not for you it isn't, [191] French, and I told him I wasn't leaving, and I went and sat down with Miss Edens.

Q. Who is Mr. Hampton?

A. I believe his title is assistant vice-president.

Q. What happened after you sat back down?

A. A few minutes later, a few security guards came and ask me to leave. They escorted me first to get my pay check, and then out of the building.

Q. I didn't hear the last part; would you repeat that?

A. Two security guards came and asked me to leave, and they escorted me first to get my pay check and then out of the building.

Q. Where do employees normally take their breaks?

A. In the cafeteria or the snack bar.

Q. Where is the snack bar?

A. It's right off the cafeteria.

Q. To what extent do they use these utility rooms to take breaks in?

A. Very few people use the utility rooms.

Q. All right. Do you know where the dining area is in the laundry building?

A. Yes, I do.

Q. Do employees—do you know to what extent employees use that?

A. I'm over there everyday, but at the time I'm there, [192] I don't see people, but that's usually about 2:30 in the afternoon.

Q. How far is it over there?
A. It's across—wait behind the hospital. You have to cross Patterson Street. It takes maybe five minutes to walk down there.
Q. With respect to where you work, where do you work in the hospital normally?
A. I usually work in the Central Building.
Q. With respect to where you work, would it be closer to go to the cafeteria or the laundry building?
A. It would be closer to the cafeteria.
Q. Where does most of the hospital work, what area, most of the employees are in the laundry room or—
A. (Interposing.) Most of the employees are on the south side of Patterson.
Q. What building?
A. The Central Building, the south building, the east building and the Ford Annex.
Q. Do patients normally, are they normally found on the first floor of let's say the Central Building?
A. No, not normally.
Q. To what extent do the patients use the cafeteria in the Central Building?
A. Just on rare occasions. I have seen patients down [193] there, probably to talk with their children. Well, you can always tell the patients, as they will be in their pajamas and bathrobe. I think they have to get special permission to leave the floor.
Q. From your observation, who is in that cafeteria the majority of the time?
A. Employees and visitors.
Q. More employees or visitors?
A. I would have to say more employees.

* * * *

[203] CLYDE RUSSELL FRENCH

took the witness stand and testified further as follows:

CONTINUED DIRECT EXAMINATION

* * * *

[206] Q. Have you ever interfered with the work of any employee while you were soliciting for the union or distributing any literature?
A. I can't remember any instance like that.
Q. Where did you normally discuss the union with the other employees?
A. In the cafeteria.
Q. Where do the other employees normally take their breaks and eat their meals?
A. In the cafeteria.
Q. With respect to the cafeteria, there has been testimony when it's open. Do you know whether it's closed in between those times?
[207] A. I believe you have access to the cafeteria about any time of the day.
Q. Even when meals are not being served?
A. That's correct.

* * * *

[278] GREER RICKETSON, M.D.

was called as a witness by and on behalf of the Respondent, and, having been first duly sworn, was examined and testified as follows:

* * * *

DIRECT EXAMINATION

Q. (By Mr. Clark) Doctor, would you spell your name?
A. Yes, G-re-e-r Ricketson, R-i-c-k-e-t-s-o-n.
Q. What is your profession, Dr. Ricketson?
A. Medical doctor specializing in plastic surgery.
Q. Would you tell us your educational background?
A. Yes, A.B. degree from Vanderbilt, 1938, M.D. from Duke University School of Medicine 1942, a year's internship at Duke and went into service for three years and came out and returned to Duke and remained a resident in general surgery for three years. This brings us to 1948, at which time I went to Charity in Louisiana in New Orleans as a resident in plastic surgery for two

years and stayed in practice with my professor in New Orleans until February, 1953, at which time I moved to Nashville and have been practicing medicine since that time.

Q. And in addition to your practice of medicine, have [279] you taught medicine?

A. Both on the faculty of Tulane University as an instructor and since coming to Nashville, Chief of the Plastic Surgery Residents and teaching program at Vanderbilt up until two years ago, at which time I gave up the chief, but still am a clinical professor of plastic surgery at Vanderbilt.

Q. Have you practiced medicine at all at Baptist Hospital in Nashville?

A. Yes, since almost when I came to Nashville.

Q. Doctor, there is a rule in effect at Baptist Hospital which is in issue in this case we have before us. The rule that prohibits any form of solicitation in areas of the hospital where the solicitor would come in contact with the patient or guests of the patient.

Now, prior to putting you on the stand, I believe I let you read that rule, and I will get it out again where you can see it.

All right, let the record show that I am showing Dr. Ricketson paragraph eight of the complaint in this case. Have you had an opportunity to read that rule?

A. Yes, sir, I have.

Q. In your professional opinion and judgment, is there any legitimate medical reason for having such a rule?

MR. BROWN: I object for the same reasons.

[280] JUDGE FRIEDMAN: Yes, and I will overrule, and you have a continuing objection.

MR. BROWN: So, I will have to pose no further objection?

JUDGE FRIEDMAN: No, you have a continuing objection.

Q. (By Mr. Clark) Is there any medical reason for having such a rule in your opinion?

A. Yes, sir, quite a few reasons as a matter of fact.

Q. Can you tell us why a rule such as this is necessary in the hospital, in your opinion?

A. First, let me state that I am concerned with the patient's care first, and any other business that might take place in the hospital as far as I as a doctor am concerned, is strictly secondary. So, if I feel any activity within a hospital regardless of whether it be a meeting of some sort or otherwise, I feel interferes with the well being of the patient, then I think it ought not to take place, and without getting too verbose, and we all know a hospital is a place that is a busy place, things are going on continuously all the time, and the people there have jobs to do, and they have to take care of the patients and not only do they have to take care of them, but have to take care of them in the most efficient, quiet and unassuming manner; in other words, not to disturb the patient. A good many of the patients can be upset mentally, psychologically [281] and anyway you might like and may have a definite affect on the outcome of the case as to whether they get well or not.

For instance, a heart case, maybe he's on a monitor or a pacemaker or whatnot, and certainly this type of case you would want him to be perfectly quiet and at ease both physically and mentally, because of the mental upset would raise his blood pressure and might throw him into fibrillation from overupset or tension, so that would be one type of case, and take a cancer case. The patient and the family is on pins and needles to start with. Is he going to get through the operation he's going to have. If he gets through the operation, is he going to be cured, or is he still going to have cancer and all these things play in the affect and the patient's mental attitude is important as well as his physical attitude when he arrives in the operating room as to how well he's going to withstand the trauma of the operation, and so, all these things are important, and what I am saying, there shouldn't be any unnecessary turmoil, confusion, loud noises and things going on that would upset a patient or the patient's family because they go back and if something happens to a patient's family that is upsetting in the hospital, because they go back in and their feelings wear off on the patient, and they themselves irritate the patient by talking about [282] a fight that

took place on the first floor or something like that, so it's necessary that they have to maintain an atmosphere of calm and cool.

Q. Are all the patients in the Baptist Hospital here, Dr. Ricketson, confined to their rooms, or is there a certain mobility?

A. No, it's a general hospital. A lot are confined to the room and a lot are confined to the beds, but there are patients which are not as sick which may go other places in the hospital.

Of course, in the normal treatment, they are transported a lot and are transported to the X-ray Department which may be three or four or five floors down or maybe transported to the laboratory or other parts of the hospital, and a patient who is not particularly sick and fortunately, in my particular field they are there for things that means something to them, say a cosmetic operation, but usually they are permitted to go other places. They can go down to the lobby. I think most of you know we don't permit young children upon the floor, and if the children want to visit them on Sunday afternoon, we can let the patient go down to the lobby when we don't let the children go up to the floor, so they can move around like this and go get a hamburger and coke, or something like that, providing their physical condition is such it won't be detrimental to their [283] care.

There are places like physical therapy and all these other places, but you might say the area of the hospital is a patient area with—well, I started to say like the business office, but that's the most important part as far as the hospital is concerned, but anyway, they are all over the hospital in many places.

Q. Do you know if it occurs where you have a situation where a patient is about to undergo a serious operation but is checked into the hospital a day or two in advance for tests which would allow the patient to visit certain public areas of the hospital such as the cafeteria, the main cafeteria?

A. Yes, oh yes. This can happen, and as a matter of fact we may give them a two hour leave if they want to

go out and eat dinner at a public restaurant. We allow them to go out as long as they check back in.

Q. During your professional career, have you had occasion to rearrange assignments of patients to rooms or move one patient from another patient to avoid any upsetting conditions?

A. Yes, in the ward space where you have two beds, four beds or multiple places, it is not unusual at all to have to move a particularly disturbed patient out, say, if he's mentally disturbed and carrying on and raising sand, [sic] or if he's hurting a whole lot and for some reason [284] we have to move them out, and sometimes it's frankly just a particularly obnoxious patient in the room, and sometimes say from smoking where it disturbs others, and as a matter of fact, recently at Baptist Hospital we put in a rule where the patient that has to be moved out of the ward is the one that is causing the disturbance, and if he has to be moved to a private room to calm the situation, we have made the rule now the one doing the disturbing has to go to the private room. He has to pay the extra fee, whereas, before we didn't have this, and we had a make shift way and tried to move them around, and this is something we put in recently for just what you are talking about.

Q. What is the general practice in your field with respect to giving any bad news to patients or families of the patient insofar as where you would deliver this message?

A. Well, of course, I guess the two or three real items of bad news that could happen, one is to tell them that the patient is not going to get well or tell them this patient has a malignancy, or incurable disease of some sort, and the other is to tell them their relative or the patient has died, and we have places in the hospital which we call conference rooms where say a patient has deceased to talk to the family.

It's entirely—say, he died in a two-bed or three-bed ward place and we take the family to the conference room [285] to discuss the situation with them.

It's the same way as far as other bad news. We have just operated on the son or mother or something

like that and you never know exactly how a family will react to bad news.

So, we try to take them in a quiet area where if they over react or what we think will disturb everybody else or get them in a spot, if they need to be sedated to be able to tolerate the bad news, so, it doesn't disturb everybody else on the floor and whatnot.

Q. Doctor, I would like to present a hypothetical factual situation and ask you two questions, based upon these two hypothetical facts.

Let's assume that the existing rule now in effect at the hospital, the rule which you just read—

A. (Interposing.) Yes, sir.

Q. (Continuing.) —is changed to conform with the theory of General Counsel's case which says we must permit solicitation between employees ever in the presence of patients and their guests for union activity purposes, and let's assume further that there is a patient who is scheduled to undergo a serious operation who has checked into the hospital and is in the main cafeteria, as you say it happens from time to time, and let's assume that this person is seated with her family in the cafeteria, and that a nurse [286] comes into the main cafeteria there with a handful of union leaflets passing them out to other nurses in the cafeteria and soliciting these other nurses to sign union cards to bring the union in at Baptist Hospital.

Let's further assume that a heated discussion occurs between two or more nurses concerning the advantages and disadvantages of having a union at Baptist Hospital, and this discussion includes the possibility of the nurses going out and walking out on strike if the hospital does not meet the union demands.

Question number one, in your professional opinion and judgment, could this kind of a discussion in the presence of one of your patients have a bearing on the success or failure of the operation?

MR. BROWN: Before he answers, Your Honor, I want to make a specific objection to this hypothetical question.

I don't believe it's stated exactly properly as to what our contentions of the case are.

JUDGE FRIEDMAN: I was going to say that.

MR. BROWN: We are not contending that anybody is entitled to solicit in a work area, but we are only contending they are entitled to solicit in nonwork areas on nonwork time. We are not contending that anybody is entitled to solicit in a work area in front of a patient, and I believe that's not stated properly.

[287] Q. (By Mr. Clark) Without regard to what General Counsel's theory is, let's assume that the facts I have just stated are true, deleting your reference to what your theory of the case is—are you still with me?

A. I believe I am.

Q. With those hypothetical facts and in your professional opinion and judgment, could this situation in the main cafeteria have any bearing on the success or failure of the operation you perform on the patient?

A. Yes, I think so on the patient certainly, and as I have tried to explain, psychological attitudes play a good part. If we have a patient that has made up his mind that he's going to die, they can almost will themselves to die.

It is one of the things that doctors just—it's almost like a superstition, you might say, so it's a positive point, but the point I would make in regard to your question, it doesn't matter whether it's union, and I understand this case has to do with rules and regulations between employers and unions, but it would be the same thing if somebody came through and was selling or soliciting the football gambling sheets.

In other words, there is a nonprofessional attitude going on within the area of the hospital, and if the patient is there, he begins to wonder what kind of a damned hospital [288] is this. Are they more interested in this than taking care of me, or the family may react the same way, or they may say we thought we were going to a good general hospital whose prime purpose is to get them well if possible and keep them comfortable, and here we see other activities that do not have to do

with the taking care of patients and the business of the hospital, and they will get quite upset about it, and not only plain mad at the hospital, but the patient can get quite upset and disturbed and think I must not be in too good a place, and if this sort of thing happens in the room, what's going to happen in the operating room, are they going to stop and get in an argument about something else there.

So, it does work, and I would think it would play a part.

Q. Can you tell us whether or not the medical profession has had any recent problems in the flood of malpractice claims?

A. Well, I think all we have to do is read the paper there. Yes, we have had a flood of malpractice claims. Many, of course, which in my opinion and fortunately in the judge's opinion are not well founded, but back to the theory as to why, well, there are several reasons why, and one or two of them is because it has become a popular thing to do, and another way it's an easy way to make some [289] money if you can win a suit, and I'm not sure that the lawyers aren't involved up to a point as far as the contingency fee is involved, but we won't go into that, but as far as the patients are concerned, most of the patients who sue a doctor or the hospital is because of something happened that they are disturbed, not the one where the doctor leaves a sponge on or actually there is damage done to the patient, but a lot of nuisance suits where they sue and say, well, the result didn't turn out very well, and most of those are because the patient and the doctor have not gotten along well, and the relationship has been poor or they have gotten mad at the hospital about something.

To illustrate a little further, if the patient is not so sure about the result, and I push him for his bill, it may be all it takes for him to decide to turn around and sue me.

Well, the same way in a hospital, if things aren't going smoothly and if he leaves the hospital mad at the hospital, even though his result was good, if he thinks he can figure out a way to sue the hospital, he will, so,

a lot has to do with the whole attitude of the patient, and I'm sure a lot of the malpractice is a result of disgruntled patients when actually the treatment has been fine.

Q. In view of your experience over the years, Dr. Ricketson, as a practitioner and as a professor or a teacher, [290] what exposure would there be, if any, in your judgment if Baptist Hospital were to change the existing rule to a rule which would permit soliciting for union activity in the presence of patients?

MR. BROWN: Your Honor, again, I want to make a specific objection to that. I think the question is far too speculative. There are no facts in the record to support such a hypothetical question, and I would like to object to it on that basis.

JUDGE FRIEDMAN: As I stated, yes, I quite realize the basis and ordinarily I would not permit a hypothetical that was not based on facts actually in evidence, but in this instance, I think we have to look to the future and the possibility of something happening in the future rather than something that happened in the past.

MR. BROWN: There is no evidence that something like this may happen.

JUDGE FRIEDMAN: I think that's what the doctor is testifying to. It's purely hypothetical, and we would judge it in that light.

Q. (By Mr. Clark) Go ahead, Doctor.

A. Do you mind asking me again?

Q. What exposure, if any, do you see the hospital having in changing this rule which prohibits this kind of activity to a rule which would permit union activity from [291] the standpoint of malpractice?

A. I think all the answers I have given since I have been sitting here would be what I think, and what I think would be turned around a hundred and eighty degrees. They are all the answers I have given to your questions which would be violated if you turned it around where any type of solicitation, and again, not just union solicitation, but the same thing with any solicitation, an insurance man wants to come up and stop and talk to

the people at work, or up and down the hall, and that would be just as bad, and there is no place for that in the hospital, and I mean, the hospital is a place for sick people and people having things done, and I'm sure there is a place for all these things, and I'm not against any of them, but as long as I am taking care of patients, I don't want anybody bothering them except me, and if they want to get mad at me, I would rather it be at me rather than a disturbance.

MR. CLARK: Thank you.

CROSS EXAMINATION

Q. (By Mr. Brown) Dr. Ricketson, do you have any expertise in the labor field?

A. No expertise. My only contact is among employees in my office, but as far as knowing anything about labor law or any contact with labor settlements or so forth, I fortunately have never had that problem, so I don't have any [292] expertise.

Q. When is the first time that you became aware of the rule which the hospital now has in affect which you have read today?

A. From a rule as such, probably two or three months ago.

Q. How did you—

A. (Interposing.) Excuse me, as just a physician, I would have assumed there was such a rule, or I would have almost assumed there didn't have to be a rule.

Q. When was the first time you saw this particular rule?

A. Two or three months ago when they asked would I be willing to come down and give my opinions as to this type of thing.

Q. How far back would that be?

A. Gosh, I don't know. No, it probably was in February, because I know I had just moved to my present office the last of January, and it was right after I moved in there and I didn't have things straight, so it must have been February.

Q. Did you advise the hospital in drawing this thing

up, or did they come to you and question you what should go in a rule of this nature?

A. They didn't, no, and I don't know if you are aware [293] of the fact I am chief of staff at Baptist, and as a result I am responsible for the care of all the patients in that hospital, so anything of this nature that has to do with patients from here on out—I don't know how old the rule is, but I would anticipate having something to do with it.

Q. You are not saying that you were advised before this rule went into effect?

A. No, not on this one. My attention was called, as I say, the first of February or something like that.

Q. Do you know of any adverse affects which union solicitation may have had on a patient at the hospital?

A. I don't know that I can nail down any particular instance at all. In fact, as I say, I'm even surprised that they even considered any type of solicitation, whether it be union or otherwise within the hospital.

Q. Do you know what—can you say what effect it would have on a patient?

A. Well, I think—again, do you want to tie the word union or just disturbance in the hall?

Q. Union solicitation; do you know what affect it would have?

A. First, may I ask the question to be sure you and I understand; what is union solicitation, what does it consist of?

Q. Let me give you a few more facts and now, I will [294] give you a hypothetical.

If solicitation were, shall we say, a nonvolatile or non-argumentative nature, would it have any adverse affect on a patient?

A. I'm picturing this. Someone who belongs to a union and talks to an employee of the hospital, whether it be a nurse—

Q. (Interposing.) Two employees talking about the union?

A. Oh, well, certainly if it takes place during the course of the working hours, they are interfering with their job.

Q. I'm talking about the effect on the patient hearing that?

A. Only to the point that if it becomes a disturbing factor. This doesn't have to be a fight or argument or heated discussion or something like that, but as I think I testified, the fact that they think these poeple who are suppose to be taking care of them have their mind on something else other than taking care of them while they are in the hospital, yes, I think it would.

Q. What about if they are doing that on nonwork time?

A. It wouldn't matter, nonwork or work time, if it takes place where a patient could overhear; in other words, the patient doesn't know that the person is taking a coffee [295] break and isn't working for the next fifteen minutes.

Q. If they are sitting in the cafeteria, it would be assumed that the employee wasn't working?

A. Yes.

Q. Two employees sitting in the cafeteria drinking a cup of coffee, the patients wouldn't assume they were working, would they?

A. Probably not. They would know they were on duty, and they would assume they are having a coffee break. The average patient would, and most of us would. I suppose as far as two people sitting there talking, I don't think it would make a whole lot of difference.

Q. As long as it was a friendly nonviolent situation?

A. If it became a routine affair where this takes place in the dining room all the time, yes, I would be opposed to that, but as far as people sitting there and talking to each other, I don't think that would make any difference, but again, thinking of the overall affect, how do you control it, how do you say two people can talk about this quietly on the side, but nobody else can have a general meeting. In other words, well, I would say if a man got on his soapbox and stood up to make a speech in the dining room that would be bad, so how are you going to divide the two, and if it was up to me, if I was running it, the dining room wouldn't be a place to carry on outside activities.

[296] Q. What about other areas of the hospital. There are areas where patients don't normally go, aren't there?

A. Sure, there are lounge areas, there are places where the employees change their clothes and things like that. That's all together different. When they are there, they are not on duty, as you say, and the patient dosen't go there, and I'm not sure they don't get down there and shoot craps sometimes, and that's sort of a ridiculous suggestion, but in a lounge, when a nurse is on a break, there are places they can go and get away from the patients and employers too, so they can do whatever they want to.

Q. What about—

A. (Interposing.) I would think this would be the ideal area to discuss this.

Q. Excuse me, I didn't mean to interrupt you, but what about outside in the parking lot?

A. I don't know that would be a big factor, but I would personally be against a group meeting, but as far as person to person discussion, I wouldn't object to it at all. I think coming and going to the hospital, there is no reason two people can't talk about anything they want to because you are not likely to come in contact with the average patient. Well, any patient, I think, would know here's somebody coming to work, and they want to talk about the football game or union or the church religion or anything.

[297] Q. That would apply to any area outside the hospital?

A. So long as it wasn't a public meeting, so to speak. In other words, suppose the patient looks out of the room and hears a gathering or they are having a fifteen minute conference in the waiting area or outside the room, and this might disturb them, but as far as coming and going and talking about whatever they want to, that wouldn't make any difference at all.

Q. Do you know that there would be confusion or loud noise if solicitation were allowed?

A. Again, you have to qualify it. I'm sorry, but a one to one sort of thing is not as you say in the coming

and going, but in a group meeting. I mean—you know, if I was giving a speech and trying to convince somebody of something, I would be as emphatic as I could, and if it took an inflection of the voice or something, I would do it.

Q. Where are the patients or where do they normally stay in the hospital?

A. Well, normally, ninety percent—maybe not ninety percent of the time, but most of the time, of course, they are in their room.

Q. Yes.

A. And then they are transported, as I mentioned earlier, they may be transported from the eighth to the fourth [298] floor operating room or physiotherapy or second floor, which is X-ray, and they may be transported—well, they come in one side where the admitting office is, and the business office is on the other side, and so except for personnel lounges, places they can change their clothes and so forth, they may be mostly anywhere in the hospital, either in the process of being transported or, if they are able to move about.

Q. But, not normally any place but in the room and going back and forth to eat?

A. Some or quite a few are in the lobbies and are maybe down there to get another dollar to pay for newspapers, but there are areas not much, but where the patients are. Same way with the cafeteria. There are probably a small percentage eating in the cafeteria.

Q. Do they have to have special permission to do that?

A. Yes, they have to have special permission to leave the floor, as a matter of fact. The nurses have to be told where they are going and when to expect them back.

Q. Do you know of any malpractice claims that have ever arisen over union solicitation?

A. No, sir, I don't.

Q. Do you know for a fact that such claims would arise if the solicitation rule now in affect were to change?

A. No, sir, I sure don't. I have an opinion as I [299] related as to disturbing and sending a disgruntled patient home.

* * * *

EXAMINATION

Q. (By Judge Friedman) You mentioned you were chief of staff, and I presume that's the medical staff?

A. Yes, sir.

Q. It has nothing to do with the administration of the hospital?

A. I am the liaison man between the medical staff and the Board of Directors, and I tell the medical staff how the doctors are doing, and if we need some new equipment, I have to report to the Board once a month, but as far as administration, I have nothing to do with administration, it is strictly the medical area of the patients.

MR. CLARK: I do have one other question.

REDIRECT EXAMINATION

Q. (By Mr. Clark) Do you have any financial interest in the hospital?

A. No, sir.

* * * *

[300] CONTINUED CROSS EXAMINATION OF MR. FRENCH

* * * *

[314] Q. How many union cards did you get signed?

A. I would guess about fifty, either handed back to me or I was directly responsible for being signed.

Q. And how many did you attempt to get signed?

A. I handed out a few hundred cards.

Q. A few hundred?

A. A couple of hundred cards.

[315] Q. What period of time was that that you did this card signing?

A. From September the 4th until September the 15th, there were, I worked one more day September 22nd.

Q. Pardon me?

A. I worked one more day on September 22nd, and I did hand out some cards then.

Q. So, between September 4 and September 15, you actually solicited two hundred persons to sign union cards, and you actually obtained signatures on fifty; is that a correct statement?

A. To the best of my knowledge it is.

Q. Where did you conduct that union activity?

A. Most of it was done in the cafeteria.

Q. In the main cafeteria of the Baptist Hospital?

A. Yes, sir.

Q. And when did you do this?

A. On my break periods or after work or before work.

* * * *

[329] Q. All right. Isn't it true, Mr. French, that each person solicited in the cafeteria did not give you a warm reception?

A. That's not my recollection. I asked if I could join them and sat down and talked with them. I was never —I wasn't asked to leave by any of the five people we are talking about.

Q. I am not confining my question now to the 22nd of September, 1974. I am asking you generally, isn't it true that on many occasions in discussing the union with people in the main cafeteria that you did not always get a warm [330] reception; isn't that a true statement?

A. That's correct, and I usually—I can't recall what I would do on that—if somebody asked me to leave, normally I would leave.

Q. Isn't it true some people even refused to take your literature?

A. That's correct.

Q. Isn't it also true that some people were very hostile and antagonistic in this discussion of the union?

A. I never had any sharp words told me at the time. I didn't have anybody to tell me to take my literature and shove it or anything like that.

Q. Is it your testimony here today that you did not receive from any employees a hostile reaction?

A. Not what I considered a hostile reaction.

Q. Isn't it true that you did make a sworn statement before the NLRB that you did receive a hostile reaction from employees?

A. You are referring to Miss Edings and Christensen.

Q. I am referring to two employees who you solicited who became very hostile.

A. Well, Miss Edings—

Q. (Interposing.) And answer my question. Isn't that true?

A. I can't recall my testimony.

[331] Q. Without regard to what your sworn testimony is, the truth of the matter is there were two employees you solicited to sign union cards that became hostile, very hostile?

A. Well—

Q. (Interposing.) Yes or no?

A. At this time, I would not describe their action as being very hostile.

Q. They were not very hostile; is that your testimony?

A. They were not prounion.

Q. Would you characterize their reaction as not being hostile?

A. Hostile to me?

Q. Hostile on the subject of the union?

A. Yes, they were antiunion, hostile to the union.

Q. They were hostile to the union?

A. Hostile to me, no.

Q. Hostile on the subject of the union?

A. They were antiunion, and I believe you would call that hostile to the union.

Q. In fact one of them was so hostile that she said if the union came in, she would walk out and quit.

A. Yes, Miss Edings said she would quit.

Q. This was said publicly in the main cafeteria?

A. That's where we were.

[332] Q. There was no doubt in your mind as to how these two individuals felt about the union?

A. No.

* * * *

Q. I will ask if it's not true, Mr. French, that you gave a sworn statement to the NLRB on the 18th day of October, 1974 to Bernard Aronstam concerning two employees that you had solicited to join the union in the cafeteria, and in which you said that on September 11th at about 6:15 p.m. [333] that after you had made this solicitation and—here, I'm beginning to quote, "both of them expressed open hostility toward the union, and Mrs. Edings said she would quit if the union came in"?

A. That's true, that statement is correct, they did express open hostility toward the union. I misunderstood. I thought you meant open hostility toward me.

Q. So, the truth of the matter is that you found some people who felt strongly in favor of the union and some who felt very hostile against the union; isn't that true?

A. Yes, that's true.

Q. And this discussion of hostility or favortism [sic] toward the union took place in the main cafeteria?

A. Repeat that?

Q. You have just testified that a number of people that you talked to during the course of the campaign expressed their likes and dislikes with respect to the union even to the point of being openly in support of or openly in opposition to the union; is that true?

A. Yes, that's true.

Q. And some of that reaction you got was in the main cafeteria?

A. Yes.

Q. In fact the incident I just talked about was in the main cafeteria?

[334] A. That's correct.

* * * *

[339] Q. (By Mr. Clark) Well, was the 22nd of September, 1974, [340] the only occasion in which you had solicited for the union in the cafeteria.

A. No.

Q. There were numerous times?

A. Yes.

Q. Did you receive any reprimand for those instances?

A. No, I didn't.

Q. So, to your knowledge, you are the first employee that you know of that has solicited in the cafeteria in which no reprimand was received?

A. I think the correct answer to that is yes.

Q. Do you wear a uniform when you work?

A. No, I pick up my uniform after I get to work.

Q. You do wear a uniform in your work?

A. Yes.

* * * *

[346] Q. I will go on to something else. Is it true you have gone from table to table in the main cafeteria passing out union literature?

A. That's correct.

Q. On a number of different occasions?

A. Yes.

* * * *

[374] JESSIE LEE WHITE

was called as a witness by and on behalf of the General Counsel, and, having been first duly sworn, was examined and testified as follows:

* * * *

[375] Q. (By Mr. Brown) Mrs. White, are you employed?

A. Yes, I am.

Q. Who do you work for, please, ma'am?

A. Baptist Hospital.

Q. What job do you have at the Baptist?

A. Dietary department, cafeteria.

* * * *

[382] CROSS EXAMINATION

Q. (By Mr. Clark) Mrs. White, did I understand you to say you were not on break?
A. No, sir, we were not on break.

* * * *

[383] Q. Have you ever seen other employees other than French soliciting in that cafeteria?
A. Yes, I have.
Q. What happened as a result of that?
A. Well, they asked her to leave. The hospital said she wasn't suppose to be on the hospital property soliciting literature like that.
Q. Who was this individual that was doing this soliciting?
A. It was a lady. She was trying to sell Avon.
Q. Who was it that made her leave?
A. Mr. Bradley. He's not employed there now.
[384] Q. Have you ever seen anyone else in management make anyone leave?
A. I sure have.
Q. Who else?
A. Mr. Victory over there.
Q. Who was the person he made leave?
A. He was a car salesman.
Q. This was in the main cafeteria?
A. Yes, because this was the person I was talking to.
Q. This was in the cafeteria?
A. She was in the cafeteria and went back to the dietary department, and he had to make her leave from back there.
Q. Have you ever known of any church groups that anyone has tried to make leave?
A. No, sir, I haven't.
Q. You don't know about the church groups?
A. No, sir.
Q. As far as you know, Mrs. White, the rule which the company enforced with respect to the Avon lady and

with respect to the car salesman has been the rule all along in the cafeteria?
A. That's right.

* * * *

[388] WILLIE LUMPKIN

was called as a witness by and on behalf of the General Counsel, and, having been first duly sworn, was examined and testified as follows:

* * * *

[389] Q. Who do you work for, please, sir?
A. Baptist Hospital.
Q. How long have you been working for the hospital?
A. I have been there around sixteen months.
Q. What do you work full or part-time?
A. Full-time.
Q. What job do you have?
A. I am a nursing assistant.

* * * *

[393] Q. Where do employees normally take their breaks?
A. Well, as far as supper breaks are concerned, they usually take them in the cafeteria or snack bars. They are in the hospital, you know, and regular fifteen minute breaks can be taken, I guess, anywhere out—to put them out of a working situation.
Q. Is there any place where they are normally taken, or do you know?
A. Not that I know of.

* * * *

[399] FURTHER REDIRECT EXAMINATION OF MR. FRENCH

* * * *

[403] Q. Why did you utilize the cafeteria as an area in which to hand out cards?
A. This is where most people took their breaks.

* * * *

[405] Q. During any of the times that you were talking with any of the employees in the cafeteria, were there any real incidents; you said two employees were openly hostile toward the union; did that create any type of disturbance?

A. No.

Q. Were there any other disturbances created in the cafeteria by your solicitation?

A. No.

[406] Q. Did anybody ever start shouting in there when you approached them?

A. No.

Q. What did you normally do when you approached somebody and they said they didn't want to talk to you or didn't want to have anything to do with the union; what did you do?

A. I excused myself and left.

• • • •

[409] W. T. VICTORY

was recalled as a witness by and on behalf of the General Counsel and testified further as follows:

• • • •

FURTHER REDIRECT EXAMINATION

Q. (By Mr. Brown) Mr. Victory, you testified on direct examination, and correct me if I am wrong, but I believe you testified on direct examination that the hospital had consulted with some doctors prior to the time they put this rule into effect on October 4, 1974?

A. No, I don't believe I did.

Q. Maybe, I misunderstood you.

A. I believe you did.

Q. Did you consult with anyone other than your attorney [410] about putting that rule into effect?

A. Nothing other than management, my superiors and our attorney.

Q. But, you didn't actually receive any advice from any physician as to what the affect might be on the rule or the absence of the rule?

A. No, sir, I don't believe I testified to that.

• • • •

[416] FURTHER RECROSS EXAMINATION

Q. (By Mr. Clark) This consultation you discussed yesterday with doctors, Mr. Victory, occurred after I contacted you concerning possible settlement by suggesting you study a possible change in the rule?

A. That's right, the rule was written—

Q. (Interposing.) And you and management and the doctors discussed whether or not this case could be settled in such a way that would be acceptable to the Board, in such a way that the doctors could operate in a way the [417] hospital should?

A. That's correct.

Q. And did you consult with the doctors about that?

A. That's correct.

Q. And as a result of the consultation with the doctors, you determined that there was no way the case could be settled?

A. Right.

• • • •

[475] MR. BROWN: Let the record reflect that Mr. French is retaking the stand.

(Whereupon, Mr. French retook the stand and testified as follows.)

• • • •

Q. Have you ever handed out any cards or distributed any union literature while you were on duty?

A. No, I haven't.

• • • •

[476] JUDGE FRIEDMAN: I will ask you one more question.

Have you ever distributed literature or solicited membership in the union even though you were off duty, but the people were on duty?

A. I don't know of any instances like that.

* * * *

Q. Yes. His Honor has just asked you the question [477] on any occasion did you ever solicit anybody for membership in the union from any employee who was on duty while you were off duty, and you said it didn't happen?

A. I will say I never knowingly solicited employees that I knew were on duty.

Q. But, there may have been instances that you solicited people thinking they were on break, but they were on duty; is that correct?

A. That's correct.

* * * *

G.C. Ex. No. 11-*id.*

[SEAL]

BAPTIST HOSPITAL
2000 Church Street
Nashville, Tennessee 37236

C. DAVID STRINGFIELD
Executive Vice-President (615) 329-5213

October 4, 1974

The solicitation and distribution policy of Baptist Hospital has been revised. This has been done to help protect the privacy and rights of employees as well as to help maintain a good working environment and appearance throughout the hospital. The policy is as follows:

"No solicitations of any kind, including solicitations for memberships or subscriptions, will be permitted by employees at any time, including work time and non-work time in any area of the Hospital which is accessible to or utilized by the public. Anyone who does so will be subject to disciplinary action. In those work areas of the Hospital not accessible to or utilized by the public, no solicitations of any kind, including solicitations for memberships or subscriptions, will be permitted at any time by employees who are supposed to be working, or in such a way as to interfere with the work of other employees who are supposed to be working. Anyone who does so and thereby neglects his work or interferes with the work of others will likewise be subject to disciplinary action.

No distributions of any kind, including circulars or other printed materials, shall be permitted in any work area at any time."

/s/ W. T. Victory, Jr.
W. T. VICTORY, JR.
Vice President—Personnel

/s/ C. David Stringfield
C. DAVID STRINGFIELD
Executive Vice President

EMPLOYEE HANDBOOK

[BH EMBLEM]

INSIDE BAPTIST HOSPITAL

IMPORTANT

Please sign, detach, and present the acknowledgment card in the back of this booklet to the Personnel Department.

THANK YOU

G.C. Ex. No. 12 (*id.*)

EMPLOYEE HANDBOOK

The Why, What and How of Personnel Policies

Revised August 1, 1973

BAPTIST HOSPITAL
2000 Church Street
Nashville, Tenn. 37236
Phone: Area 615—329-5555

Name .....

Date .....

Department .....

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GUIDE TO BAPTIST HOSPITAL

EMPLOYEE STATEMENT

Welcome!

. . . to a new career adventure at Baptist Hospital! Welcome to our hospital family . . . Welcome to the challenges and satisfactions of helping others as a member of the Baptist group.

We exist solely to provide superior medical care to all those needing our services.

Your job and personal contribution is vital if we are to succeed in providing medical care to our community at a level of quality satisfactory to those we serve.

The success and future security of each of us, in every job at Baptist, depends upon how well we do our jobs together.

We hope to merit your loyalty, dedication and pride. We pledge ourselves to assist you in your duties in every way possible.

/s/ Gene Kidd
GENE KIDD
President

Baptist Hospital is here for service which means it's a people-to-people operation.

To serve people well requires a team of superior people whose daily contacts bespeak devotion to mankind and Christian endeavor.

Your employment here brings YOU personally and significantly into our people-oriented business making YOU a part of our hospital team. And only absolute teamwork, dedication and generosity can effect the hospital's total aim.

This brochure attempts to acquaint you with the hospital's employee relations policies and its profile of service.

It has been prepared to provide you with basic information about your responsibilities and benefits. Please request an explanation of any part you do not understand.

/s/ C. David Stringfield
C. DAVID STRINGFIELD
Executive Vice President

WHY: GOALS AND PURPOSES

Without employees, Baptist Hospital would be nothing but equipment, brick, mortar and could accomplish nothing. Patients are our business and they look to you for care. Since this is primarily a service Institution for the citizens and communities, the staff must assist those who come to us for help at any hour—day or night. A hospital cannot make its own pattern of activity. It must be in operation 24 hours daily.

We urge you to become acquainted with the purposes and goals of the hospital. Every job is Important and every employee has a serious responsibility in his work to support and contribute to the overall effectiveness of the hospital's team efforts in providing comprehensive patient care.

The hospital's goals for all departments and employees are:

- To treat all patients with sympathy, kindness and understanding, realizing that sickness and hospitalization may be new and a trying experience.
- To recognize and understand the needs of all patients and to cooperate with them in solving satisfactorily their health problems.
- To give expert nursing care and to provide scientific aid to the nursing and medical professions.
- To provide members of our medical staff with the best environment and facilities for the care of patients.
- To improve, by educational activities and appropriate research, the practice of medicine, total patient care, and the overall management and operation of this hospital.
- To encourage all employees to obtain personal satisfaction and self-improvement from their work. We expect employees to cooperate with hospital officials and to develop a serious sense of responsibility and loyalty.
- To offer all employees of this hospital a fully satisfactory condition of employment and to contribute as much as possible to the total pattern of wholesome living for them and their families.

WHAT AND HOW: BEGINNING AT BAPTIST

Interview—Baptist Hospital is an Equal Opportunity Employer and does not discriminate in employment because of race, creed, color, national origin, age or sex. All persons seeking employment will be given a pre-employment or "screening" interview at the personnel office. If a vacancy exists, those meeting the hospital's requirements for employment will be referred to the appropriate department.

Tests—Applicants for employment may be required to take qualifying examinations or tests as determined by the hospital. They will be subject to employment investigations of their work background and personal references. Only fully qualified applicants will be considered for employment.

Placement—The hospital policy is to place an individual in a job for which he or she is best suited and qualified in order to utilize fully the capabilities of that individual. Job description and analysis are used as an aid to proper placement. If one feels qualified or better suited for service in another classification, you should state this to your Department Head.

Orientation—As a new, permanent employee, you will receive an orientation by the Personnel Department within a few days after being employed. Hospital policies, procedures, benefits and responsibilities are explained at this meeting.

Identification—You will be issued an identification card bearing your name, photograph and identifying information. This must be carried at all times while on duty or when visiting the hospital for any reason. When you terminate employment with the hospital your final paycheck will not be issued until your identification card is returned to the Personnel Department.

You will also receive a pin with your name and department from the Personnel Department. This pin must be worn while on duty. Replacement pins can be ordered at a small fee.

Handbook—All employees should read this Handbook carefully, and ask your Supervisor if you have any questions. The Employee Statement in the back of this publication should be signed and on file in the Personnel Department before the first check will be issued.

WORK SCHEDULES

The basic workday is eight hours and the basic workweek is forty hours. The hospital workweek begins at 12:01 a.m. on Monday continuing through midnight of the next Sunday. You will be informed by your Supervisor about your normal work schedule and about any subsequent changes.

Attendance—Because of the urgent nature of hospital work, regular attendance by all employees is very important. Employees are expected to notify their Supervisor or Department Head of any impending absence as far in advance as possible. Unauthorized absence is regarded as sufficient cause for discharge.

Tardiness—Employees must check with their Supervisors when they report late for work or find it necessary to leave work early. Common courtesy requires an explanation for tardiness. Frequent tardiness will be regarded as sufficient cause for discharge.

Days Off—The hospital operates permanently on a seven-day basis; most hospital workers must expect some weekend and holiday duty. In those departments where weekend and holiday coverage is necessary, it is the hospital's policy that these duty assignments be rotated in a fair and equitable manner among all members of the staff. Every effort will be made to see that each employee receives two days off each week whenever possible and no less than four days off in each two week pay period.

Full Time—Employees who are assigned for an indefinite duration and work a normal work week of 40 hours, receiving no special consideration in scheduling relative to hours, weekday or shift rotation, are classified as full-time employees. They will be entitled to all benefits and personnel privileges described herein.

Part Time—This group includes persons employed for positions of short duration, usually for emergencies or summer vacation replacement; or persons working less than forty (40) hours per week; or those who receive special consideration in scheduling relative to hours, weekday or shift rotation.

Employees who agree to work a minimum of twenty-four (24) hours a week are entitled to participate in the group hospitalization insurance benefits by partial payment of the premium, and vacation as outlined in the part time vacation policy.

Breaks—Within the limits of good patient care and job accomplishments, employees will be provided with one fifteen (15) minute rest period in each four-hour tour of duty. These rest periods must be arranged with the knowledge and approval of your immediate Supervisor and must not interfere with proper functioning of the work units or the department.

Overtime—Overtime will be considered time worked in one week that is in excess of forty (40) hours as established by Federal Law. Employees working overtime as described above will be paid at 1½ time their regular hourly rate.

The hospital discourages overtime work in consideration of the needs of employees to have sufficient relief and rest. Because of the around-the-clock nature of hospital work, however, it may be necessary for employees to work overtime.

Overtime must be requested and authorized by the appropriate Department Head or Supervisor. Odd minutes worked before or at the end of the shift during the pay period may not be accumulated as overtime.

TIME CARDS, SALARIES AND WAGES

Time Cards—Time cards are used in the department as directed by Administration. Employees will be responsible for recording their own time. Under NO circumstances may you sign another person's time card. Altering the time card in any manner, having time card punched by another employee, or punching another em-

ployee's time card is cause for suspension or discharge. Changes, alterations or notations on time card may be made by the Department Head or Supervisor only and must bear that individual's signature.

Payday—The time and method of distributing payroll checks may change from time to time, and this information will be made known to you by your Department Head or Supervisor.

Because of the many factors involved in computing your paycheck, five (5) days are required to prepare the checks for distribution after completion of the pay period.

Paycheck—A check endorsed and lost is the same as losing cash, and the bank or hospital cannot be responsible. It will be helpful to the hospital's accounting system if employees will cash their checks promptly.

Payroll Deduction—Only deductions required by law or authorized in writing by employees will be withheld from pay. These include: Federal Social Security tax (the hospital matches the employee's payment with both payments credited to the employee's account with the Social Security Administration) and Federal Income Taxes. Employees may authorize deductions for the Credit Union, retirement, dependent hospitalization, dependent life insurance, United Givers Fund, Pharmacy charges, U.S. Savings Bonds, etc.

Anniversary Date—All employees establish an anniversary date on the day of their employment (or reemployment).

PROBATIONARY STATUS

The first three months after employment will be considered a probationary period during which time either the employee or the hospital may initiate termination without explanation or further his obligation. This is a trial period for both employee and employer to determine suitability and interest in the work and to provide the opportunity for an adjustment period.

Employees who fail to respond to counseling concerning attendance, conduct or performance problems may be

placed on "Imposed Probation" from one to three months on the authority of their immediate Supervisor or Department Head.

BENEFITS AND GENERAL RULES CONCERNING THEM

Holidays—A full-time permanent employee is eligible for authorized holidays after completing 30 days of employment. Part-time employees are not eligible.

The authorized Holidays are: New Year's, Memorial Day, Fourth of July, Labor Day, Thanksgiving, Christmas and Employee's Birthday after completion of one year of service.

Holidays on Week End—If the Holiday falls on Saturday, it will be observed on the preceding Friday. When the Holiday falls on Sunday, it will be observed the following Monday.

Compensating Day—Since all employees cannot be off on the holidays, another day off may be taken. The day off must be taken within thirty (30) days and approved by the Department Head.

Holidays Not Taken—No pay or credit is given for holidays not taken within the specified time.

Day Off—In the event a holiday falls on a regular day off, another day is given.

Absence—Employees who are absent the day preceding or following a holiday, other than regular days off, are not eligible for holiday credit or pay. If an employee is absent when scheduled to work on a holiday, no holiday credit or pay is due.

Hospitalization Insurance—Blue-Cross — Blue Shield plus major medical insurance is provided by the hospital at no cost to the employee. This health coverage can be extended to the employee's family with the payment of the additional premium required for family coverage. Detailed information is available at the Personnel Office.

Dependent Group Life Insurance—A Dependent Group Life Plan is provided for you if you are a full-time permanent employee with six months of service. The hospital pays the entire cost of your insurance and makes available, dependent coverage on your family at a very low cost to you. The amount of the policy varies depending upon your salary. A more detailed outline of the Plan and its benefits are explained at your Orientation.

Retirement—The retirement age is sixty-five (65). Persons over sixty-five may continue employment subject to the approval of Administration. Detailed information is provided in a separate booklet entitled, "Your Retirement Plan," and may be obtained through the Personnel Office.

Social Security—Baptist Hospital participates in the Federal Social Security Program. As prescribed by law, a per cent of your earnings is deducted annually from your salary. This money is matched by an equal contribution from the hospital for you. Benefits are provided for total disability and retirement if you have been covered by Social Security long enough to be eligible. Retirement benefits are in addition to any private retirement plan benefits you may receive.

Tax Deferred Annuity—As an employee of Baptist Hospital, a nonprofit organization, you are eligible to participate in this savings plan with special tax advantages.

Workman's Compensation—As a hospital employee, you are enrolled under the Workman's Compensation Law of the State of Tennessee. This gives you protection in case of an accident, injury or illness as a direct result of your job. In order to be eligible for Workman's Compensation, it is important to see that all accidents, no matter how minor, are properly reported and brought to the immediate attention of your Department Head.

JOB POSTING—TRANSFERS AND PROMOTIONS

Vacant positions will be posted each day on the employee bulletin board.

Written request for transfer should be made in the Personnel Department.

Transfer will be made from within the hospital whenever possible. However, it is the responsibility of Administration to fill job openings with the best qualified people available. Vacancies will be filled in one of the following ways:

1. Qualified employees from within the department having the vacancy.
2. Other qualified employees within the hospital.
3. Qualified applicants from outside the hospital.

Promotions are based primarily on your ability to perform the work and loyalty to the hospital. If these two qualifications are relatively equal with those of other employees, then your seniority as compared with others in your department will be the determining factor. Employee qualifications for promotion are determined by the Department Head concerned. All promotions are subject to the approval of Administration.

VACATIONS

The importance of the annual vacation as a period for rest and relaxation is well recognized by Baptist Hospital.

Eligibility—All permanent full-time employees are eligible for vacation as outlined below.

Computation of Vacation Pay—Regular rate of pay: 1 week equals 40 hours (5 days—8 hours); 2 weeks equals 80 hours (10 days—8 hours).

Vacation Period—The vacation period covers the entire calendar year, January 1st to December 31st, inclusive. Your Supervisor will try to arrange your vacation date to your satisfaction. However, vacation periods will be arranged so that they do not interfere unreasonably with the work requirements of the hospital.

Schedule First Vacation:

Employment Date	Vacation (Following Year)
Jan. 1—Feb. 28	10 Days After Jan. 1
Mar. 1—March 31	9 Days After Jan. 1
April 1—April 30	8 Days After Jan. 1
May 1—May 31	7 Days After Jan. 1
June 1—June 30	6 Days After Jan. 1
July 1—July 31	5 Days After Jan. 31
Aug. 1—Aug. 31	5 Days After Feb. 28
Sept. 1—Sept. 30	5 Days After Mar. 31
Oct. 1—Oct. 31	5 Days After April 30
Nov. 1—Nov. 30	5 Days after May 31
Dec. 1—Dec. 31	5 Days After June 30

Second, Third, and *Fourth Vacation*—10 days, to be taken any time from January 1 to December 31.
Fifth Year Vacation—11 days
Sixth Year Vacation—12 days
Seventh Year Vacation—13 days
Eigth Year Vacation—14 days
Ninth Year Vacation—15 days
Twentieth Year Vacation—20 days

Vacation time may be held over; however, not more than five working days of vacation credit may be carried forward from one year to another. Approval must be granted by your Department Head, and he must submit a change of status form, signed by the employee, at the end of the year denoting the number of hours to be carried forward into the next year.

Vacation shall accrue only when an employee is working or is on authorized absence with pay.

Split Vacations—Employees are encouraged to use at one time all their available vacation. However, a split vacation may be approved in extreme circumstances; or in accordance with the hospital's program requirements; and upon approval of the employee's Department Head.

Holidays Occuring During Vacations—When an hospital authorized holiday falls during the employee's scheduled vacation period, the employee may take a substitute holiday at a later time mutually agreeable with his Department Head.

Vacation Reduced for Absences Over 60 Days—If an employee is absent 60 days or less in any one calendar year, no vacation credit is lost for the next year. After 60 days of absence there shall be deducted from his next vacation one day for each 30 days of consecutive absence.

Disability or Death During Vacations—No compensating vacation days are allowed for disability, or a family member's death occurring during an employee's scheduled vacation.

Vacation at Termination of Employment—

1. Employees leaving voluntarily and in good standing or retiring will receive pay for vacation time earned but not taken during the current year, as follows:

When You Are Entitled To TWO WEEKS Vacation And Your Last Working Day Is In:	You Will Be Paid For:
January	1 day
February	2 days
March	3 days
April	4 days
May	5 days
June	6 days
July	7 days
August	8 days
September	9 days
October or later	10 days

When You Are Entitled To THREE WEEKS Vacation And Your Last Working Day Is In:	You Will Be Paid For:
January	3 days
February	6 days
March	9 days
April	12 days
May or later	15 days

2. No vacation or compensation in lieu thereof is given in the following cases:
   a. When employee terminates prior to one year of continuous service.
   b. When employee is discharged for cause.
   c. When employee leaves without proper notice.

Vacation—Part Time Employees—Employees working more than 1248 hours in one calendar year will receive pro-rated vacation the following calendar year.

LEAVE OF ABSENCE

A leave of absence without pay may be granted to any full-time permanent employee after 6 months of service.

All leaves of absence must be presented in writing to the proper Department Head. The Department Head must finalize terms of the leave with the Personnel Office prior to the effective date of the leave.

Each request shall be decided upon its individual merits and must be approved by the Department Head.

A leave of absence may be granted up to a maximum of six (6) months. Request for extension of leave of absence must be in writing and will be subject to approval of Administration.

The privilege of returning to work, however, is to be subject to employment conditions prevailing at the time

of return. It may be necessary to replace permanently an employee on leave because of the difficulty in recruiting people willing to work as temporary replacements. Should this happen the hospital will attempt to, but will not be required to, return employees to their former job after a leave of absence.

A leave of absence, when granted, protects an employees's accrued service record. Benefits do not accrue during leave of absence, but will be picked up when employee returns from a leave of absence.

Accepting other employment while on leave or overstaying a leave of absence without proper notification and approval constitutes an automatic resignation and subsequent loss of all benefits.

Funeral Leave—Beginning with the first day of employment the Department Head may approve up to a maximum of three (3) days with pay for a full-time employee to attend the funeral of any member of his immediate family.

This is restricted to spouse, mother, father, son, daughter, sister, brother, mother-in-law and father-in-law.

Funeral leave pay will be granted for regularly scheduled work days only.

Maternity Leave—An employee may be granted leave without pay for maternity reasons if she indicates in writing her intention to return to her position within six (6) months.

Written approval from the employee's physician must be given if she is to continue work during pregnancy.

Military Leave—A full time permanent employee who is required to serve a tour of duty in the Armed Forces is eligible for all earned vacation time or pay.

When an employee on Military Leave returns from a tour of duty he will be re-instated in accordance with the law.

National Guardsmen and Reservists may be granted leave without pay to attend required summer training, if requested 30 days in advance. Regular vacation time may be used if desired.

Educational Leave—Leave of absence without pay may be granted to any full-time permanent employee after six (6) months of service.

A request for leave of absence must be presented your Department Head indicating in writing your intention to return to Baptist Hospital within 30 days of completion of course of study. The Department Head will finalize terms of the leave with the Personnel Office 2 weeks prior to its beginning.

Each request shall be decided upon its individual merits and must be approved by the Department Head.

A leave of absence may be granted up to a maximum of three (3) years. However, employee must request an extension of leave at the end of each six months of leave. This request must be in writing and should include the present status of the student, name of the school attending, and expected date of completion of study.

A leave of absence, when granted, protects an employee's accrued service record. Benefits do not accrue during leave of absence, but will be picked up when employee returns from a leave of absence.

If an employee who has been granted a leave of absence fails to return to work at the expiration of the leave, or requests an extension, his employment is deemed to have been terminated as of the original date such leave was granted.

Sick Leave

Accumulation of Sick Leave—Beginning with the date of employment each full-time permanent employee shall receive sick leave credit at a rate of one (1) day per month of employment up to a maximum of thirty (30) days.

Terms—An employee's first three (3) days of absence from work due to illness is not covered by the hospital's sick leave policy except when an employee is confined to a Hospital on the first day of illness. When an employee is so confined, the waiting day is waived and sick leave with pay will begin with the first day of illness.

Notification of Illness—An employee absent because of illness shall inform his immediate supervisor as soon as

possible prior to the time he is expected to be at work. Failure to inform one's supervisor within a reasonable time may be cause for denial of sick leave for the period of illness.

Certification of Illness—Proper certification of illness requires a medical certificate from the employee's physician; or a medical certificate from a physician selected by the hospital; and/or other administratively acceptable evidence of illness.

Sick Leave for Holidays, Vacation and Leave—Employees absent from work on holidays authorized by the hospital, or during sick leave, death leave, vacations, or special leave with pay, shall accumulate sick leave during their absence as though they were employed to the maximum limitations herein provided.

Utilization of Sick Leave—An employee may use his sick leave upon approval of Administration, or his delegated representative for absence due to illness, or injury, or exposure to contagious disease which could be communicated to other employees or patients.

Absence for a part of a day, when that absence is chargeable to sick leave, shall be so charged proportionately in an amount not less than one-half (½) day. Employees shall be charged with four (4) hours of sick leave taken before the mid-point of the work day and four (4) hours for leave taken after the mid-point of the work day.

Accumulated sick leave will be used until disability coverage is effective (which is the first day following one month disability). At this time your sick leave pay will be discontinued and you will receive disability benefits. Any remaining accumulated sick leave time will be carried forward for your future use.

Expiration of Sick Leave—Upon the expiration of all vacation pay and accumulative sick pay (as outlined in above) an employee will be placed on health leave and disability coverage if eligible.

Disability Income

Eligibility—Each full-time permanent employee (under age 65) is eligible after six (6) months of continuous service.

Benefits—After the qualifying period of one (1) month of disability, the plan pays 50% of normal monthly gross earnings (before taxes) to a maximum benefit amount of $1,000 a month.

The benefits paid will be reduced by payments from:

Workman's Compensation
Primary Social Security
Any other employer sponsored group, wholesale or franchise insurance plan

Benefits are payable during the continuance of total disability for two (2) years.

RULES AND RESPONSIBILITIES

It is true that an employee at Baptist Hospital has many rights, but also must bear responsibilities as well. Therefore, he should make note of the responsibilities deemed important by the hospital administration.

Accidents to Patients and Visitors—If you witness or discover an accident in which a patient or a visitor is injured, you should give all assistance possible and then report the incident to a nursing service supervisor and to your Supervisor. If the person is seriously injured, do not attempt to move him until a staff physician or a nursing service supervisor approves it.

Changes To Be Reported—Your paycheck, insurance, mailings, etc., depend upon accurate record information. In addition, we want to know when additional education is completed. Any change in name, address, telephone number, marital status and/or number of dependents should be reported immediately to the Personnel Department where an employee Change-Of-Status form will be prepared for these adjustments in your record.

Confidential Information—The personal nature of work in the hospital often reveals confidential information about individual patients. Do not discuss this highly confidential information except as required in the performance of your duties. Even casual conversation with other employees may be overheard and thereby violate the right of privacy of others. Be particularly careful

about your conversation in elevators, eating places and other places of public assembly within the hospital.

Disaster Plan—Our hospital, as all hospitals, must be ready at all times to handle an emergency situation under any condition. You will be given a copy of the Disaster Plan which outlines general organization and procedures for internal and external disaster problems and disaster threats. Your Department Head will acquaint you with your specific assignment, and you should become familiar with the Plan. Remember, one of the most important things you can do in a disaster situation is *remain calm.*

Endorsements—Employees are asked not to endorse any particular individual, service or product allied to or connected with the hospital field. In the event someone comes to the hospital with an urgent request for a physician, direct him to the Emergency Room where doctors on our staff handle emergency calls.

Employee Accident—If you are hurt or become ill while on the job, report immediately to your Supervisor or to the supervisor of the department where the accident or illness occurred. If your condition is serious, report at once to the Emergency Room. In the event you sustain an injury while on duty, regardless of how minor the injury may be, an accident report must be prepared by your Supervisor.

Employee Conduct—As a hospital employee at Baptist you have high standards to maintain. You are urged, therefore, to refrain from loud talking and laughing, gossiping, needless complaining, and any other activity that would be disturbing to the patient or out of place in a hospital. By being kind, courteous and considerate with patients, the public and your fellow workers, you will accomplish more with them and get more satisfaction from your work. Thoughtfulness and cheerfulness are important at all times, particularly in hospital surroundings. Remember, the employee is here because of the patient!

Employees benefit or suffer according to the reputation of the place they work. Similarly, their place of employment benefits or suffers according to the reputation of the

people who work there. Your off-duty conduct, therefore, is expected to be of the highest moral character and quality.

Mail—All employees are asked to make provisions to have personal mail delivered at their home or residence address.

Noise—Noise deters patient treatment and recovery. It is each employee's obligation to avoid unnecessary noise in the hospital. Speak in a quiet, pleasant tone; use care in handling equipment, avoid clashing dishes, glassware and metallic objects. Employees should be alert for sources of unnecessary noise and to report these promptly to their Supervisor.

Package Inspection—Employees are urged not to bring packages or bundles into the hospital. Packages being removed from or being brought into the hospital are subject to inspection by the security officer or any person in authority. An employee attempting to remove property other than his own, without proper authorization, from hospital premises is subject to immediate dismissal.

Payroll Advances—Because of the complexity of preparing the hospital payroll, advances in pay cannot be given. Emergency needs may be met through the Credit Union by arranging for a small, low interest loan.

Personal Appearance—Personal neatness and appropriate attire enhance the employee's professional appearance and will inspire confidence in his ability. Employees are asked to use good taste in selecting clothes worn on the job, avoiding extreme styles; use cosmetics moderately; have a conservative hair style in good taste; and do not wear excessive jewelry.

Public Information—All employees are cautioned *not* to give out information about any patient's condition to anyone without specific authorization as outlined below. To do so may involve you in legal action.

1. Inquiries from friends and relatives are to be directed to the unit's head nurse, to the area supervisor or to the Nursing Service Office.

2. Inquiries from newspapers, radio and television stations and other sources of public information are to be referred to the Public Relations Director. (Please refer to the hospital's official "Code of Communications" Guideline, available in the Public Relations Office.)

3. Questions from patients about their bills, specific charges, insurance program benefits, or method of payment are to be referred to appropriate personnel in the hospital business office.

Public Relations—You are Public Relations. Everyone has Public Relations—good or bad—whether he likes it or not. The public judges our hospital by the manner and attitude of its employees. It is imperative, therefore, that we conduct ourselves in a manner which will bring credit to our hospital.

To the public YOU are the hospital.

Planned Public Relations is simply "putting your best foot forward" by your attitude toward yourself and others; by your knowledge of your subject to help others; and by your skill in communicating to others. Remember, Public Relations always starts with you.

Safety—It is very important that you familiarize yourself with the Safety Program of Baptist Hospital. This program is routinely practiced at the hospital and may be obtained from your Supervisor. The primary purpose of this program is to protect you, patients and visitors from injury by providing the safest possible working conditions and by teaching safe methods on all jobs. A well-planned safety program is always in operation, but it cannot succeed without your full cooperation. Report to your Supervisor any unsafe conditions including wet or slippery floors, equipment left in halls or on walks, defective equipment, careless handling of equipment, etc. The hospital welcomes your suggestions for creating safe conditions and eliminating work hazards.

Smoking—Employees are not allowed to smoke in their work areas, including nursing stations, hospital corridors or patients' rooms, but should check with their Supervisor to learn of approved smoking area. Remember, smoking is a fire hazard as well as a serious health hazard.

Solicitors—In order to protect employees from any form of solicitation, raffle, charity drives, etc., it is strictly prohibited for anyone to solicit patients or visitors while on hospital premises without written approval from Administration. Violation of this policy will subject employee to disciplinary action. Employees who discover persons making unauthorized solicitation should report this immediately to their Supervisor.

Strangers and Difficult Persons—The proper handling of difficult persons is important in order not to disturb patients. In all cases make the situation known to your Supervisor and seek immediate aid if possible from qualified hospital personnel. *DO NOT* use force except in self-defense against other employees, patients or visitors. To do so may make you liable for any damages or injuries.

Telephones—You are requested to use the public telephones when making personal calls. Telephones in offices and at nursing stations are to be used for hospital business only. You should request friends and relatives not to call during working hours except for emergency messages. Such messages should be referred to the Personnel Office where they will be delivered to you.

Telephone Courtesy—Your courtesy in using the telephone can make work more pleasant for you and for those with whom you deal. When using the telephone, please keep in mind the following rules:

1. Answer telephone promptly giving your name and department.
2. Speak in a pleasant tone of voice.
3. Avoid long conversations.
4. Replace the receiver gently.
5. Transfer call tactfully and only when necessary.
6. Report telephone trouble to switchboard.

Tips and Gifts—Tips and gifts from patients or visitors are not to be accepted. Soliciting of personal gifts or donations from patients, visitors or employees is prohibited.

Visitors For Employees—Employees are not permitted to receive visitors while on hospital duty.

Visitors For Patients—Employees are asked to remember that visitors to the hospital are frequently upset and unfamiliar with hospital regulations. Every effort should be made to help them find their way in the building and to explain courteously the various regulations whenever necessary.

Training—Preparation to perform a job is fundamentally the responsibility of the employee. The hospital will, however, provide training programs where feasible and supervisory counseling to assist employees in learning new skills and gaining further knowledge through which better performance can be achieved and eventual promotion realized. Employees will be granted time while on duty to attend appropriate in-service training programs related to their jobs. All training programs must be approved in advance by Administration.

RULES OF CONDUCT

Termination Policy

The following hospital conduct regulations represent some of the "common sense" rules that you, as an employee, must follow. Violation of any of these conduct rules will subject the offender to disciplinary action up to and including termination of employment.

A. Termination during probationary period

During the three months' probationary period if an employee decides to leave the hospital no advance notice is required. If the hospital decides to terminate an employee within this time we may do so with no advance notice.

B. Resignations

1. Resignation with notice—An employee who desires to terminate his service with Baptist Hospital shall submit a written resignation. Resignations shall be submitted at least fourteen (14) calendar days before the final working day.

Department Heads shall give at least four weeks (28 calendar days) notice due to the nature of their responsibilities. Failure of an employee when resigning to give proper notice as indicated above results in forfeiture of accrued vacation credit, sick leave credit, and any other benefits which may have accrued.

2. Resignation without notice (Quit)—When an employee leaves without notice or is absent three consecutive days without notification or without satisfactory reason, he forfeits accrued vacation credit, sick leave and other benefits which may have accrued.

C. Discharge

A supervisor may discharge an employee under his jurisdiction without prior approval for an act such as (but not limited to) the following:

1. Assault and battery (fighting).
2. Stealing.
3. Inability to properly perform work due to appearance of being under the influence of alcohol or drugs.
4. Using or possessing drugs or narcotics in any form either on or off the job—except in accordance with medical purposes.
5. Making false, vicious, or malicious statements about any employee, the hospital, or its patients.
6. Leaving your hospital job during duty hours without permission.
7. Willful violation of instructions, rules, or regulations.
8. Misusing or damaging hospital property.
9. Neglect of duty, loitering, sleeping on the job.
10. Smoking in areas where it is prohibited and dangerous.

11. Falsifying any records in the hospital. (Altering the time card in any manner, having the time card punched by another employee, or punching another employee's time card.)
12. Fraudulent statement on Employment Application.
13. Possessing dangerous weapons while on hospital premises.
14. Improper dress, immoral conduct or indecency.
15. Repeated tardiness.
16. Absent from work without proper authorization. (Failing to notify hospital when unable to work.)
17. Insorbordination (refusing assignments).
18. Any conduct which in the opinion of administration is not suitable for a Baptist Hospital employee.

No employee's discharge is final until such action has been approved and authorized by the President or his delegated representative.

A discharged employee will forfeit all accrued vacation, sick leave and any other benefits that may have accrued.

MISCELLANEOUS BENEFITS AND SERVICES

Cafeteria—The hospital cafeteria is available to all employees and is open for breakfast, lunch and dinner. Employees must wear name pin to receive special employee rate. Vending machines located adjacent to the cafeteria provide an excellent selection for snacks or light meals twenty-four (24) hours a day.

Credit Union—You are invited to become a member of the Baptist Hospital Credit Union where you can save regularly through payroll deduction or cash deposits. It is organized by and for its employees who want to save or who are in need of financial aid. Its location is Room 224, Mid-State Medical Center.

Lost and Found—A lost and found center is maintained by the Housekeeping Office, located in the basement of the Central Building. If you find an article, tag it to show location, date and finder and turn it in to the Housekeeping Office. All inquiries concerning lost articles should be directed to this office. The hospital does not assume responsibility for money or personal articles lost or stolen.

Parking Area—Ample parking spaces are available for employees and visitors on the east side of 20th Avenue, North, directly across from Emergency Pavilion and on the north side of Patterson Street. Employees may park in the hospital's parking lots at a reduced monthly rate. Payment will be made by payroll deduction upon receipt of written authorization by the employee. Also, parking is available at a daily rate.

You are not permitted to use the areas designated for physicians and tenants of the Mid-State Medical Center. Parking in restricted areas will result in your car being towed away at your expense.

Personnel Department—The Personnel Department provides a number of services, including:

Information about and help with:

(a) Employment and transfers

(b) Leave of absence

(c) Employee records—insurance and retirement

(d) Employee benefits

(e) Orientation

(f) Personnel policies and special problems

(g) Identification Pins and Cards

Be sure to notify the personnel department of any changes in records in above, such as new address and zip code, or new name due to marriage. This should be done to make sure you get promptly your paychecks, benefits, and withholding tax statements. Without up-to-date information it is also difficult to locate you or your family in emergencies.

Performance Evaluation—The hospital recognizes the desire of every employee to know and understand how well he is performing his duties. A regular system of appraisal is used through which the employee preiodically will be reviewed in terms of his actual performance. Such employees will be counseled about areas in which work improvements are desired. Each employee will be permitted to sign the appraisal—indicating his agreement or disagreement with his supervisor's impression. All such appraisals will be reviewed by the Personnel Director.

Pharmacy Service—Under proper identification, an employee may purchase prescriptions for medications and items stocked in the hospital pharmacy, 10:30 a.m. to 4:00 p.m., Monday through Friday. These items are sold to employees at hospital costs plus a nominal service charge. This service is extended to *all* hospital employees and members of their immediate families (spouse, children, parents and dependent persons living in household).

Security Guards—Full time security guards are on duty at the hospital around-the-clock to protect employees, patients and property. Do not hesitate to call the hospital switchboard (dial 0) operators and request security guard assistance whenever there may be a need.

Service Awards—Baptist Hospital believes that long and faithful service should be honored and recognized. Employee Service Award pins and certificates are presented usually during National Hospital Week in May recognizing the individuals on their 5th, 10th, 15th, 20th and 25th Anniversary of service with the hospital.

COMMUNICATIONS

Bulletin Boards—Employees should check hospital bulletin boards for any news, changes or upcoming events. When employee wishes to post a notice, he should submit request to Department Head who subsequently may get permission from Administration.

Hospital Newspaper—Approximately every quarter a copy of the newspaper, "On Call," is distributed to employees of Baptist Hospital. The publication reports on

matters of interest to all those in the hospital family. It is edited and published by the Public Relations Director and Staff. It would be helpful if employees would notify the Public Relations office of news concerning our publics.

Mailroom—All mail and messages are distributed through this center on the first floor of the Central Building. It is open from 8 a.m. to 4:30 p.m., Monday through Friday, and from 8 a.m. until noon on Saturday.

HELP IN SOLVING PERSONAL PROBLEMS

Pastoral Ministry—Pastoral ministry to patients and families is the primary responsibility of the Chaplain of Baptist Hospital. In addition to visits, the Department of Pastoral Services and Education, in cooperation with local clergymen, seeks to render spiritual help and counsel to personnel, students and other persons in need through its programs of worship, education and pastoral consultation. The hospital cooperates with all religious representatives wishing to attend their denomination's members who are patients in Baptist Hospital.

The hospital offers annually three Chaplain internships that are one year's duration.

Services are held every Wednesday in the Hospital Chapel (Central Building). All patients, visitors and personnel are invited to attend the noon day, fifteen minute worship that is televised on the hospital's closed circuit channel 10 system.

EMPLOYEE APPEAL PROCEDURE

Effective the 1st day of January, 1969, Baptist Hospital, in an effort to communicate more effectively with its employees, established an Employee Appeal Procedure.

Occasionally in the relationship of worker to worker, or worker to employer, dissatisfactions develop. Usually these are the results of a lack of understanding or a lack of sufficient information. However, before a problem can be solved, it must be expressed. Therefore, the following procedure is available to help you seek satisfactory solutions to your problems.

If you have completed the probationary period and believe you have a problem involving unjust treatment or unfair judgment by another employee, or your Supervisor, you may appeal for a solution subject to the procedure of Baptist Hospital's personnel policies in the following manner.

Appeal Procedure for Employees:

1. If you have a problem which in your belief requires the use of the Appeal Procedure you may make such appeal to your immediate Supervisor. Such grievance must be made within ten (10) days of its occurrence. Within three (3) days after being confronted verbally with the grievance your Supervisor should arrange for a conference. The majority of appeals can be solved at this level. If the solution is not forthcoming and you are not satisfied, the appeal is referred to your Department Head.

2. The second action is sought by your Department Head rather than your Supervisor. At this stage the appeal, the recommended solution by your Supervisor, and your indication of dissatisfaction with such suggested solution—all in written form—should be presented to your Department Head. If you so desire, the Personnel Director or his delegated representative will give aid to you in the formulation of the problem in written form. This second action has a time limitation of three (3) days, unless circumstances intervene which, in the opinion of the Personnel Director, would cause undue hardship on either party of the problem. If a solution is not provided to your satisfaction, the problem is referred to the Personnel Director.

3. The third action is the seeking of a solution by the Personnel Director working with you, your Supervisor, and Department Head.

   (a) If a solution is found:

The Personnel Director is to write a memorandum to you, your Department Head, Supervisor and state the solution.

(b) If a solution is not found:

The Personnel Director will aid you to place in written form the problem in more detail along with subsequent actions so that the problem may be referred to Administration.

(c) Time Limit:

The Personnel Director shall be allowed five (5) working days, not including the date the notice of previous action was received from your Department Head.

4. If you are not satisfied with previous steps, the matter is referred to the Executive Vice-President. The Executive Vice-President after studying the problem will within five (5) working days refer a solution to you, with duplicate copies going to the Personnel Director, Supervisor, Department Head, and Division Head.

5. The final action may be resorted to when the previous actions are not satisfactory to you. In this case the appeal is made to the President of the Hospital. The President with information furnished by you, and also by all supervisory or Administrative Personnel previously participating in this appeal procedure will within five (5) working days refer a solution to you with duplicate copies going to Personnel Director, Supervisor, Department Head, and Division Head. This solution will be considered final.

HISTORICALLY SPEAKING . . .

Baptist Hospital, Inc., has grown from just 80 beds to 600 beds and 64 bassinets . . . from a medical staff of only 200 men to more than 400 physicians . . . from a small unit to a two-block complex of ten buildings.

In fact, its additional surrounding property makes it the largest general hospital in Metropolitan Nashville.

The hospital sprouted from a seed idea encompassing the need for Christian service to the community and was nurtured from the Protestant Hospital. Ownership was officially transferred April 21, 1948, to the Tennessee Baptist Convention that elects its governing body of 27 Trustees.

Baptist Hospital is in its second quarter century of service to God, our community and its citizenry. The harvest of Baptist Hospital's labor are bountifully gratifying for it has ministered to thousands of persons seeking to ease their suffering, to prevent pain, or to gain a promise of better health for the future.

The hospital has by birth a rich heritage, a life of dedicated service, and a future of hope to carry out the ministry of the Master.

What lies ahead? None of us know for certain, but it is hopeful that the Baptist Hospial's entire "family" will work together in its reaching to greater heights and wider horizons of health care.

ACCREDITATION

Baptist Hospital

is approved by:

The Joint Commission on Accreditation of Hospitals

is a member of:

The American Hospital Association

The Tennessee Hospital Association

is licensed by:

The Tennessee Department of Public Health

is certified by:

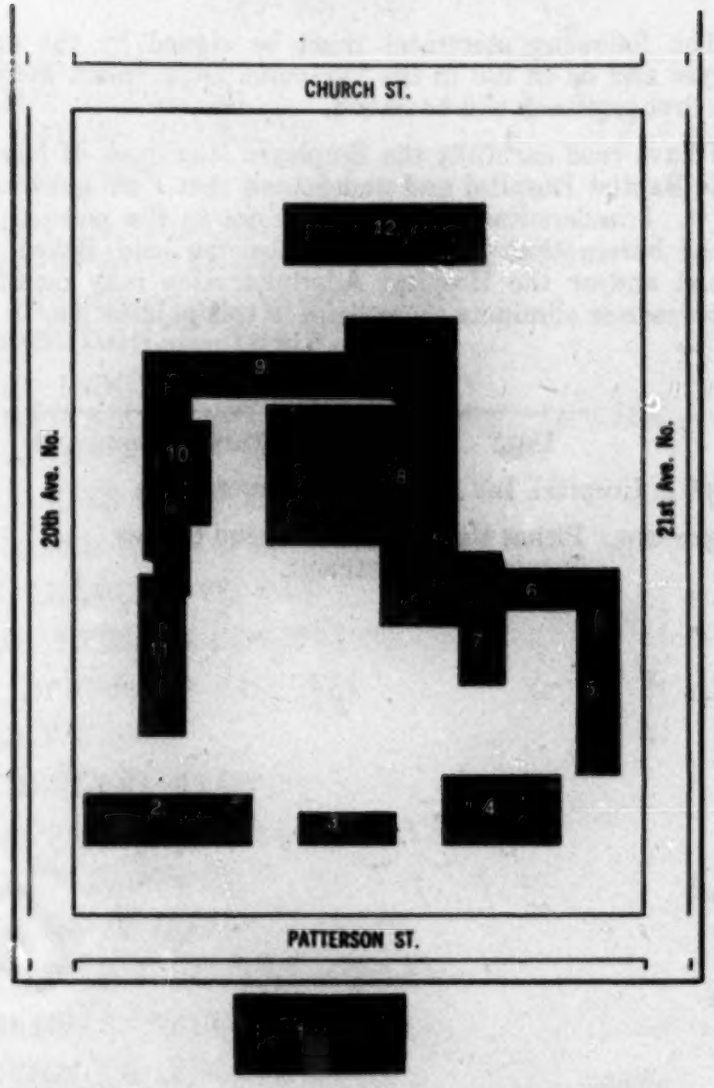
The Department of Health, Education and Welfare
for participation in Medicare.

Baptist Hospital, Inc. is owned and operated by the Tennessee Baptist Convention and is governed by a 27-man Board of Trustees.

". . . Well done, thou good and faithful servant: thou hast been faithful over a few things, I will make thee ruler over many things: enter thou into the joy of thy Lord . . . Verily, I say unto you, inasmuch as ye have done it unto one of the least of these my brethren, yee have done it unto me."

Matthew 25: 21, 40.

GUIDE TO BAPTIST HOSPITAL



1. Laundry
2. Steam Plant
3. Intern Apts.
4. Bulk Storage
5. West Building
6. Parlors
7. Auditorium
8. Central Building
9. South Building
10. East Building
11. Ford Annex & Emergency Pavilion
12. Mid-State Med. Center

EMPLOYEE STATEMENT

The following statement must be signed by the employee and be on file in the Personnel Department before the first paycheck will be issued.

I have read carefully the Employee Handbook of Nashville Baptist Hospital and understand that I am governed by it. I understand that any changes in the policies as listed herein that may be made by the said Board of Trust and/or the Hospital Administration may modify, supersede or eliminate the policies in this publication.

_____ _____

Date Signature of Employee

Baptist Hospital, Inc., Nashville, Tennessee.

Important: Please sign, detach and send to the Personnel Department.

EMPLOYMENT AT BAPTIST HOSPITAL OFFERS YOU

GOOD SALARY
  SHIFT PREMIUMS
  OVERTIME PREMIUMS

JOB SECURITY

SALARY INCREASES
  MERIT—ANNIVERSARY—PROMOTIONAL

ADVANCEMENT OPPORTUNITIES
  PROMOTIONAL—TRAINING

GROUP INSURANCE COVERAGE
  HOSPITALIZATION—MAJOR MEDICAL—LIFE—DISABILITY

VACATIONS WITH PAY

HOLIDAYS WITH PAY

SICK LEAVE WITH PAY

GOOD WORKING CONDITIONS

TAX DEFERRED ANNUITY

CREDIT UNION

RETIREMENT PLAN

PERSONAL LEAVE ALLOWANCE

SAFETY PROGRAM

WORKMAN'S COMPENSATION

EMPLOYEE DISCOUNT—PHARMACY

PARKING DISCOUNT

SERVICE TO COMMUNITY

SUPREME COURT OF THE UNITED STATES

No. 78-223

NATIONAL LABOR RELATIONS BOARD, PETITIONER

v.

BAPTIST HOSPITAL, INC.

ORDER ALLOWING CERTIORARI. Filed January 8, 1979

The petition herein for a writ of certiorari to the United States Court of Appeals for the Sixth Circuit is granted.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1979 286430 312